

Florida HEALTH NOTES

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OVERWEIGHT - DANGEROUS!

The State Board of Health

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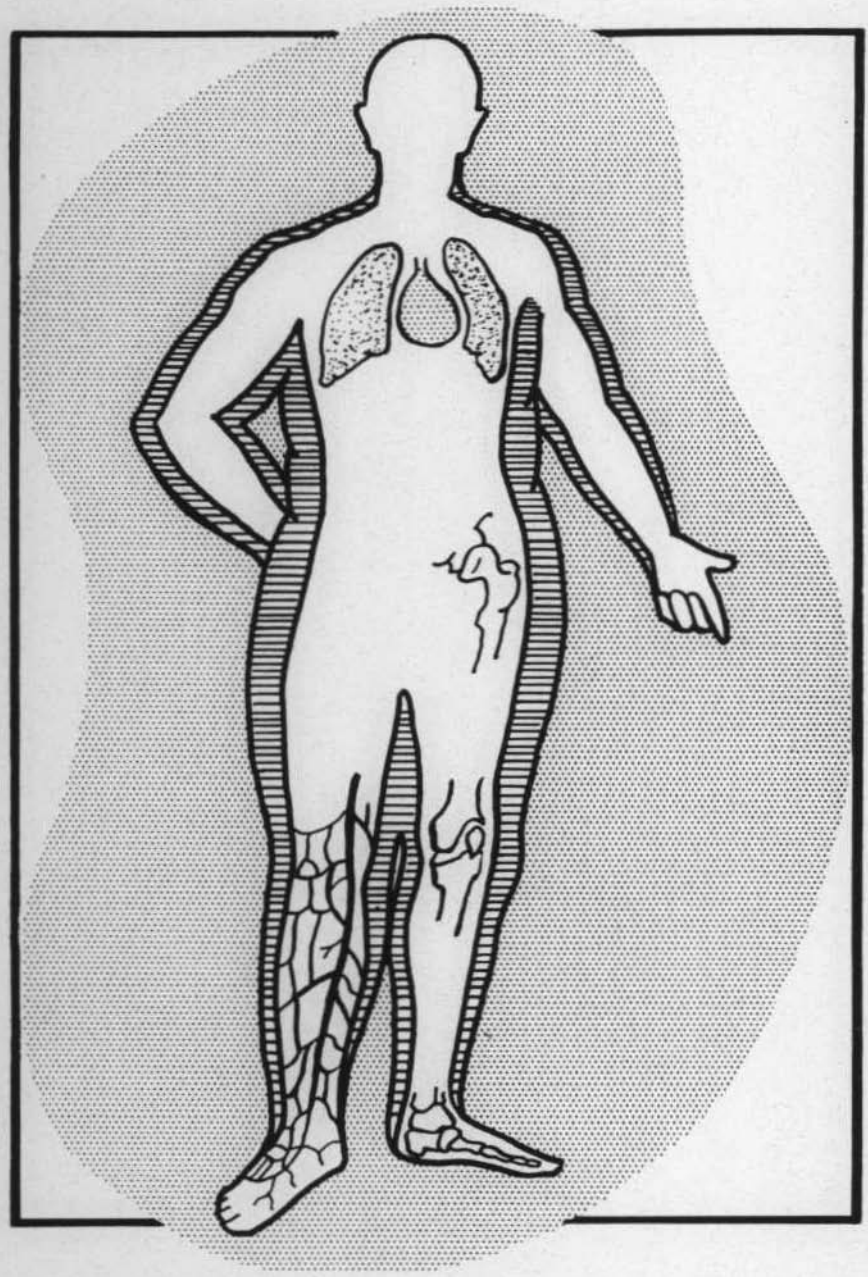
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Florida **HEALTH NOTES**

OVERWEIGHT IS DANGEROUS!

"America — The Land of Plenty!" How often we see that expressive phrase! It conjures up visions of loaded, groaning tables, of happy plump children; of broad fields rich with growing things. All of these things are good — but we are so rich in food and material things we often become fat and indolent — or indolent and fat. We hear the familiar expressions "middle-aged spread," "bay-window," "fair, fat and forty." And lest overweight seems only a condition of the older group, let us not forget the unhappy fat child or adolescent; the young man and woman, who, because of excess fat, does not fit into the routine of our everyday life. But many will ask: why are you concerned with overweight? Isn't that a personal problem? It is — or would be — if it weren't for the fact that overweight predisposes one to attacks from many diseases and conditions that shorten lives; impairs activity, or just makes one "plain miserable." Any condition that does not allow our people to lead happy useful lives to the allotted three score years and ten is one that deserves your and my attention.

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Points of stress: A fat person carries an extra load on the heart, lung, joints and blood vessels

OVERWEIGHT IS DANGEROUS

In the past few years doctors and public health workers have won great battles for health. Fewer people are dying each year and there is less disease. It may seem like these people are working themselves out of a job, and that soon there will be very little for them to do. Less result from the same amount of work seems to be true in health work today.

Still Problems . . .

Contagious diseases such as smallpox, typhoid fever, tuberculosis, are rapidly being conquered. Some people may have the opinion that when these diseases have been conquered there is nothing further for public health to do. People are now dying more often of diseases that are not contagious, such as heart disease, cancer, accidents, kidney disease and hardening of the arteries. We do not know the cause of most of these diseases and it sometimes seems there is very little we can do about them. Nevertheless, research is finding answers to many of these problems. We already have one key to this situation, and that is overweight.

Overbalanced . . .

In the chart on the following page we list ten leading causes of death in Florida for 1948. Beside them we have listed how much more frequently overweight people die of these diseases. This shows how much more likely a fat person is to die of these diseases than the normal or slightly underweight person. It holds true even for accidents and cancer.

Consider . . .

This would make it seem as though fat people were unhealthy simply because they were fat. This is very true. Too much fat on a person is not normal. It is a strain on every part of his body. There is much more wear and tear on his joints. This means that he is much more likely to have rheumatism and bone disease. The lungs are also overloaded due to the carrying of the great amount of weight. In addition the fat around the chest makes it hard for the lungs to expand to their full capacity. This carrying a dead weight all day long through every activity is also a strain on the heart. It not only has to work harder with the added

Seven Leading Causes of Death in Florida - 1948

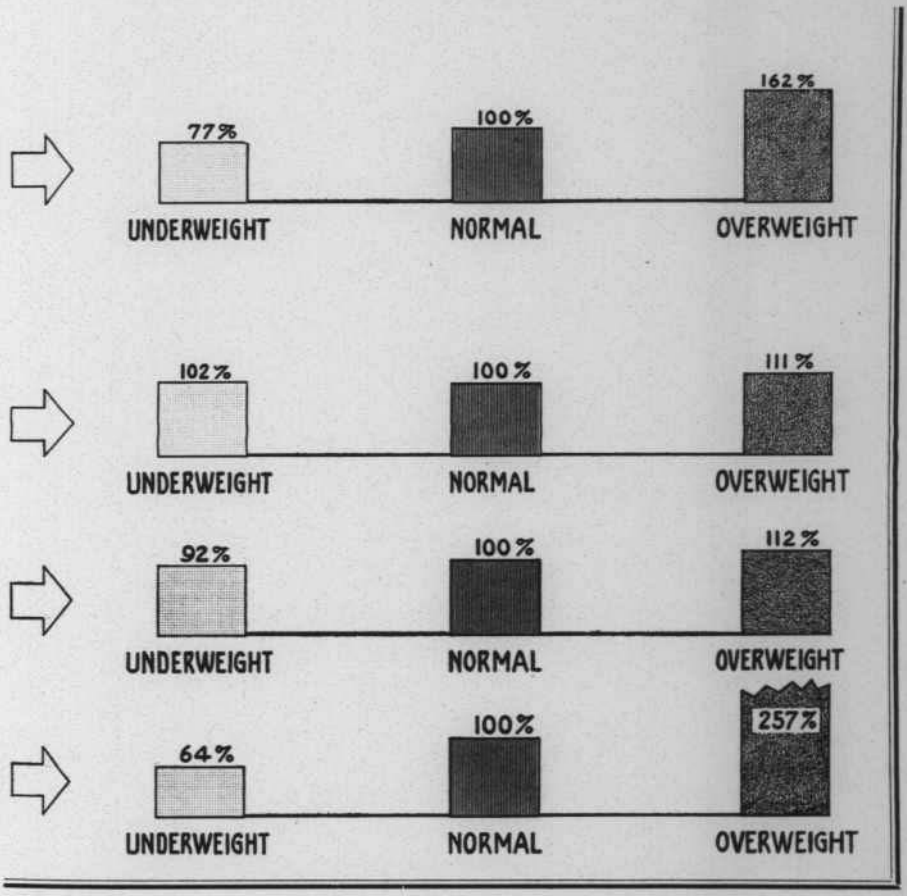
HEART DISEASE
CEREBRAL HEMORRHAGE
NEPHRITIS
DISEASES OF THE ARTERIES

CANCER

ACCIDENTS

DIABETES

Your Chances of Dying of These Diseases Are Better if You're Overweight*



*Metropolitan Life Insurance Company

amount of work the body is doing but it has to push blood through a lot of extra blood vessels located in fat. Carrying around 50 lbs. of extra fat is every bit as senseless as carrying 50 lbs. of sand on your back everywhere you go. Both are "dead" weight and do you no good whatsoever.



Handicaps . . .

The fat man or woman is giving himself a handicap. In horse racing in order to make races more exciting horses are handicapped. If a certain horse has a good record and has won many races the steward of the track gives him a "handicap." If the jockey in the saddle does not make up this handicap lead weights are attached to the saddle. This slows the horse down to the speed of the other horses in the race. It is of course unfair to the horse but that doesn't matter. We are not running a race but we want to get the most out of life. There is no sense in handicapping ourselves by adding extra weight.

Change . . .

We need, however, to take a different attitude toward overweight before much can be done about it. Many times we have heard people say, "Oh, she has gained weight and looks so well," or "she's really getting fat and sassy." We have always associated fatness with health and thinness with poor health. Normal weight is of course the best thing but actually being slightly under the average weight is the best. People who are in this particular weight live much longer than if they were overweight or even average.

Demonstration . . .

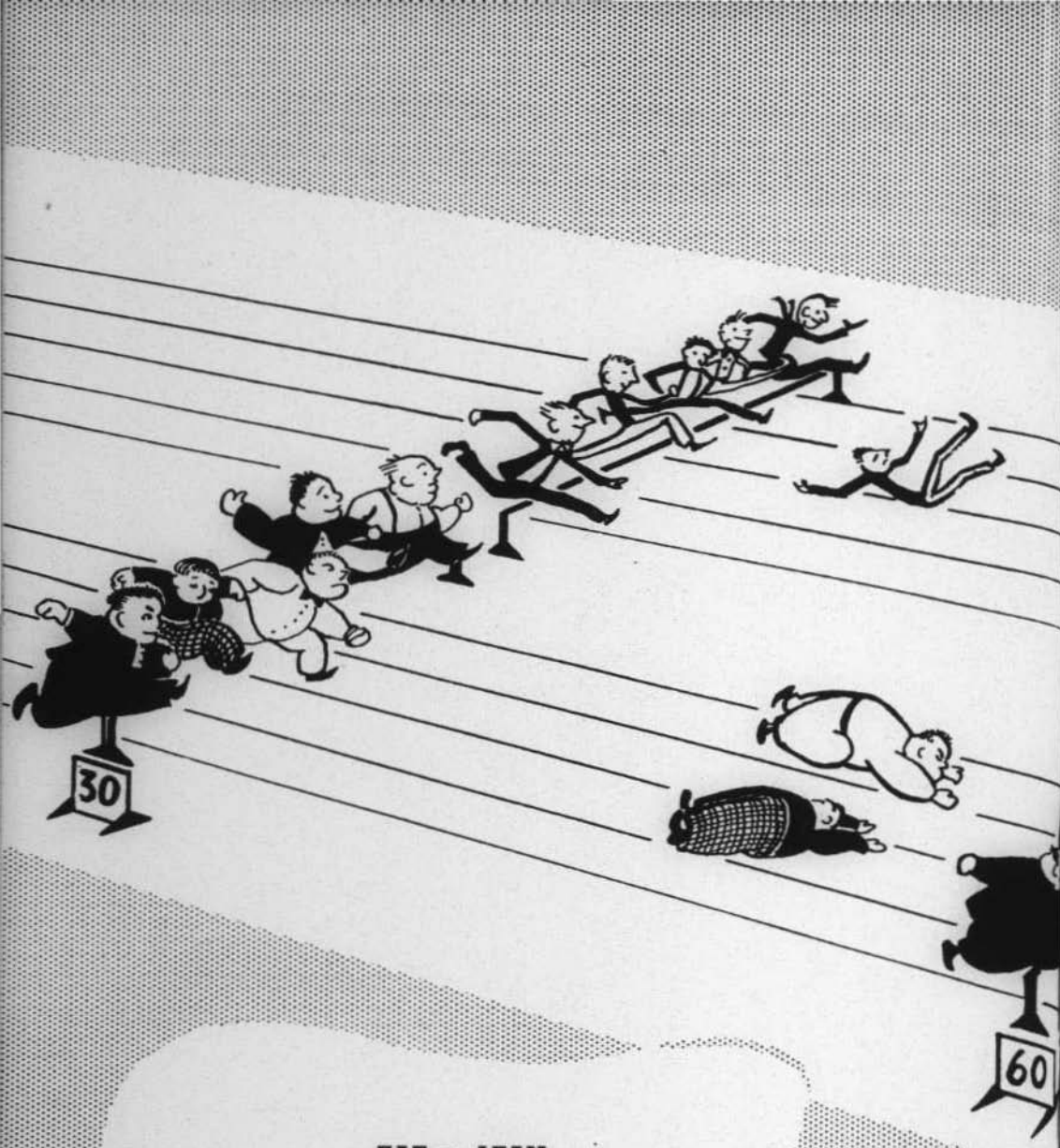
Dutch doctors tell us that during the German occupation of Holland during World War II the people had little to eat. Very few people were brought to hospitals in heart attacks, diabetic coma and the like. As soon as the American army got close enough to supply more food, the picture changed. The number of people needing attention for failing hearts, sudden heart attacks and poor control of diabetes went up sharply. Makes us wonder if some people are not getting too much food!

Why Overeat . . .

Since overeating is the main cause of overweight, what then makes people overeat? One important cause is habit. Take for instance a healthy boy who is active in high school and college sports, and after graduation continues to hunt and take part in amateur sports. During this time he thinks nothing of eating a large breakfast with hot cakes and syrup, sausage, cereal and coffee with cream and sugar. He may follow this with a big dinner, and a steak supper, with pie a la mode and all the trimmings. On this diet he doesn't gain weight because he is active and growing. His daily needs are high so that all the calories he takes in are actually used. As he gets older and gets progressively better jobs he becomes "chained" to a desk. Perhaps he does not get much exercise because he travels a good bit. However, since he has been eating the growing boy's diet for 25 or 30 years, it is hard for him to stop. His needs for food have gone way down, but he continues to eat the same amount. The only result must then be overweight.

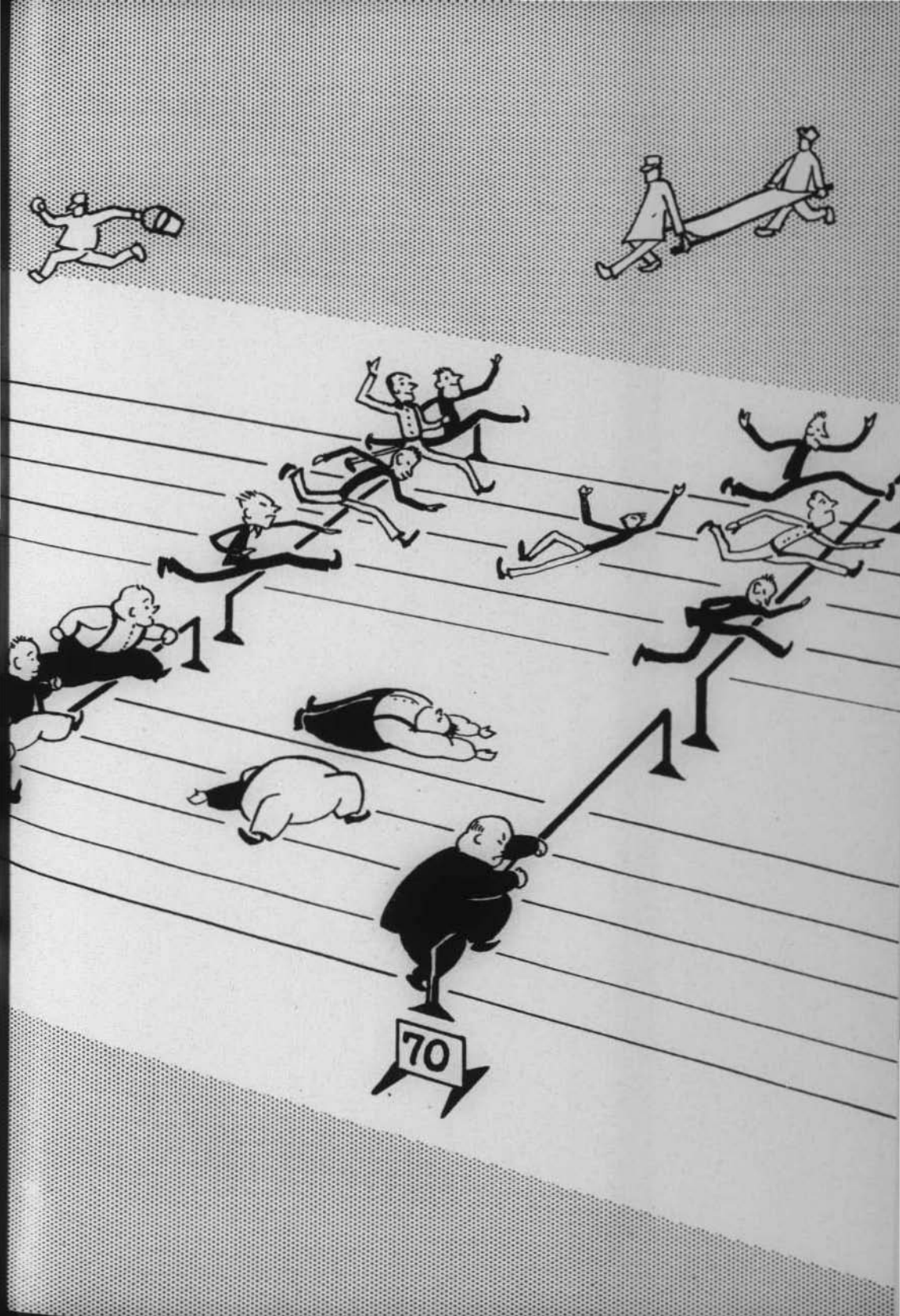
Calories . . .

Another way in which habit enters into the picture, is that certain families or races by custom, eat high calorie foods. These foods are rich in fats, sugars and starches. These diets usually have very little bulk for the amount of calories contained. It takes very little "rich" food to give a lot of calories. People who have such customs do not think they are overeating.



FAT vs. LEAN

The race goes to the swift — and the skinny. Of 5 fat men 30 years old, only 3 live to 60, one to 70. Lean men do three times as well.


70

Mind . . .

Another large cause is what we may call mental. Families that have a large number of overweight persons in them have been carefully studied. It has been found that these families pay an unusual amount of attention to food. Children are frequently rewarded for being good by gifts of cake and candy. The older people are constantly talking about food. After being raised in this family, a child very often gets to thinking that food is the most important thing in life.

Mothers . . .

Another interesting angle has been the study of mothers of overweight children. It has been found that frequently these mothers are themselves very unhappy. They make up for this unhappiness by an abnormal love of their children. They never deny any food and may even force food so that they will be sure the children have enough. They will not let "little Johnny" play with other children for fear he will get hurt. Such practices cut down on the amount of calories that children need. It also gives them more to eat than they would need if they were normally active children.

"Nerves" . . .

Another mental reason for overweight comes from the soothing effect that food has on some people. People who are high-strung or have family difficulties very often seek such soothing effects from drugs and alcohol. It is believed that another large group of people overeat in order to get the soothing effect that a good meal gives one. The result is something that is very much like the drug or alcohol habit.

Glands . . .

Practically every fat person tries to blame his overweight on "glands." After a great deal of work most doctors have come to the opinion that a very small percentage of people are overweight because of glandular disturbances. Even these people have an unusual type of overweight which is easily spotted by the trained doctor. Nevertheless most people who are overweight would much rather be told that their condition is due to glands, than the fact that they "make pigs of themselves." They then will not believe any doctor who tells them this, but will continue to shop around and overeat.

ARE YOU OVERWEIGHT?

There are a lot of penny scales and bathroom scales because people like to know what their weight is. They are interested in knowing exactly how much they weigh and if they are gaining or losing. Lately much has been said about people being too fat and about reducing. It becomes important then to know just who is too fat and who is not.

In the following we are speaking as public health specialists and not as your own doctor. What we say is true for a large group of people, but how much you should weigh is your own problem to be settled with your doctor.

How much . . .

Most people agree with the large insurance companies as to the best way to find out what a good weight is. These organizations have kept millions of records on how long people live, since that is their business. They have based their conclusions on comparing how long fat people, people of average weight, and people who are underweight live. If we study the weights of a large number of persons, we will find that there is a gradual increase in weight almost throughout life. However, the insurance companies now have a new belief on this. In their opinion increasing weight while we are growing up is all right but after that no. Therefore, they believe that after the age of twenty-five or thirty, we should become no heavier.

Differences . . .

Some people are tall with slender bones and narrow shoulders. Other people are short with thick bones and broad shoulders. Then there are all types of people in between. A short man with thick bones and broad shoulders could not be condemned as overweight when he has no extra fat. A man of the same height with slender bones and narrow shoulders could have extra fat and weigh the same. The second man would not be healthy with his extra weight. It is like loading a small pickup truck with a load fit for a moving van. We must therefore take into consideration how a person is built. Women have less muscle and more slender bones and this must be taken into consideration. We must also consider the height, but the ages above 25 years are not considered. The following tables will show what a person should weigh. These tables have been constructed by one of the large insurance companies and are coming more and more into use every day.

DESIRABLE WEIGHTS FOR MEN AND WOMEN OF AGES 25 AND OVER*

These tables are based on numerous Medico-Actuarial studies of hundreds of thousands of insured men and women

MEN

Weight in Pounds According to Frame

(as ordinarily dressed)

Height (with shoes on) Feet	Inches	Small Frame	Medium Frame	Large Frame
5	2	116-125	124- 133	131-142
5	3	119-128	127-136	133-144
5	4	122-132	130-140	137-149
5	5	126-136	134-144	141-153
5	6	129-139	137-147	145-157
5	7	133-143	141-151	149-162
5	8	136-147	145-156	153-166
5	9	140-151	149-160	157-170
5	10	144-155	153-164	161-175
5	11	148-159	157-168	165-180
6	0	152-164	161-173	169-185
6	1	157-169	166-178	174-190
6	2	163-175	171-184	179-196
6	3	168-180	176-189	184-202

WOMEN

Weight in Pounds According to Frame

(as ordinarily dressed)

Height (with shoes on) Feet	Inches	Small Frame	Medium Frame	Large Frame
4	11	104-111	110-118	117-127
5	0	105-113	112-120	119-129
5	1	107-115	114-122	121-131
5	2	110-118	117-125	124-135
5	3	113-121	120-128	127-138
5	4	116-125	124-132	131-142
5	5	119-128	127-135	133-145
5	6	123-132	130-140	138-150
5	7	126-136	134-144	142-154
5	8	129-139	137-147	145-158
5	9	133-143	141-151	149-162
5	10	136-147	145-155	152-166
5	11	139-150	148-158	155-169

*Metropolitan Life Insurance Company

A LOT OF YOUR FRIENDS ARE OVERWEIGHT

The United States of America is the best fed nation on earth. While most countries are either starving or having a great deal of difficulty obtaining food the majority of Americans have all they need. In many instances Americans have more than they need. Travellers visiting us from other countries are almost always heard to remark that so many Americans are fat. Of all the conditions of bad health overweight is the one we see most often. Surveys by insurance companies have shown that about 30 out of every 100 persons in the United States are overweight. The ladies, who one would think are more concerned about their figures, seem to be overweight more often than men. This condition comes on after they grow up because there is no difference in the amount of overweight between boys and girls. So it would seem there is need for a lot of health education here.

WHY DO PEOPLE GET TOO FAT?

Everyone who is fat can point to some person who seems to eat twice as much as they do and yet stays thin. They cannot see how the same reasons would account for their being fat and the other person being thin. Most doctors are agreed, however, that all fat comes from food and that overweight is simply eating more than you need. If the thin person eats more than you do he simply needs more for his daily activities. The body stores food in the form of fat tissue. When we eat more than we need on one day the body stores it up as though it were expecting lean days to come. So you see if you are fat it is simply because you eat more than you need.

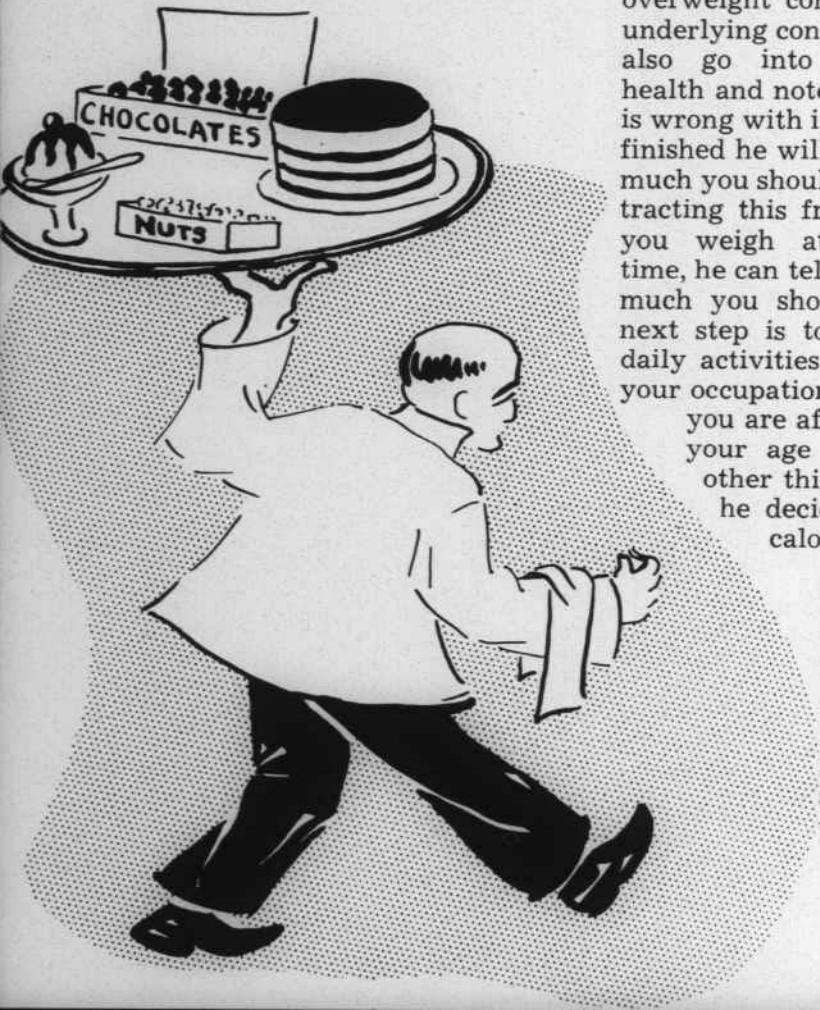
Count . . .

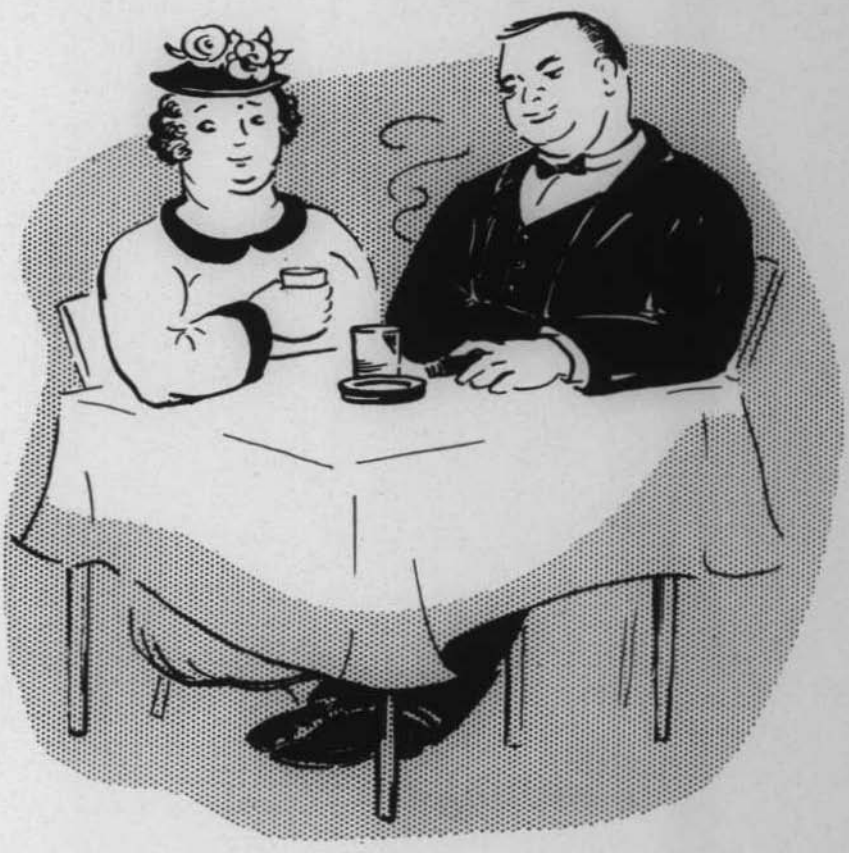
The energy that we use, and which is contained in our food, is measured in units called "calories." This "calorie" is a very accurate measurement of a certain amount of heat which will raise the temperature of a certain amount of water one degree. Each type of food contains a certain number of calories and the body requires a certain number of calories for everything that it does. The larger a person is and the more active he is the more calories he will need. A 35 year old man 5'7" tall and weighing 150 lbs. will need about 1600 calories to take care of pumping his blood,

breathing air, digesting his food, and so on. If he does not work hard or take part in very active sports he will need only about 800 more calories to carry out these activities. If, therefore, he needs only 2400 calories a day but instead eats 3000 or 3200 calories he will gain weight. It is really as simple as that.

WHAT TO DO ABOUT IT

As with any bad habit we must first convince ourselves that we must change. This means that if you are overweight you must decide that you should reduce. When this has been accomplished you must then really have the desire to reduce. If you cannot do these two things you are wasting your money and your time. If, however, you do bring yourself to these attitudes, the next thing to do is to see a doctor. The doctor will give you a thorough examination to find if you are one of the very few people whose overweight comes from some underlying condition. He will also go into your mental health and note anything that is wrong with it. When this is finished he will calculate how much you should weigh. Subtracting this from how much you weigh at the present time, he can tell you then how much you should lose. The next step is to go into your daily activities such as: what your occupation is, how active you are after work, what your age is, and many other things. From this he decides how many calories per day you need to carry out your daily activities. Taking some off of this in order to make you use your stores of fat, he then can con-





struct a diet. He will make sure that the diet gives you all you need in the way of vitamins, minerals and other important food elements.

It's Up to You . . .

He then gives you the ball and you must run with it. Take the diet he has given you and follow it. Don't cheat, because the only person that loses by this will be you. It will help to weigh yourself each week and keep a chart which shows your present weight and the weight you are trying to reach. Usually the doctor will advise you to lose two pounds per week. If you lose too fast, he will give you a little more to eat on your diet.



Adjustment . . .

When you get to the weight that the doctor has decided you should have, you must adjust your eating habits to your present way of life. You must not eat any more than you need or you will immediately begin to gain weight again.

At this stage many people will be saying "the diet the doctor gave is more than I eat already." There may be some reason for believing this. Certain people may be mistaking the amount of food for the number of calories. There are great differences in calorie content of foods and the person may have been eating many with a high content before. Another person may hate to admit that he has been overeating. Then too, his appetite which is almost entirely habit, may have been way out of line with what he needs. This makes him have to eat more in order to become fully satisfied. Putting confidence in the doctor and discussing your problems freely will help the doctor to guide you through the difficulties of reducing. In the end you will find it is worth it.

OVERWEIGHT HAS ITS PROBLEMS

By One Who Knows

I understand that several people are going to write some comments for HEALTH NOTES on overweight; about how it effects how long you live and how it makes it easier for a person to have heart trouble, diabetes, and other trouble. But, as for me, I am going to tell you how overweight affects you personally. You may say "I don't have to read this. I'm only 20 pounds overweight. I am not really fat." You'd better begin to worry because you may be on the way to being fat and not just pleasingly plump. Listen to some of my troubles:

There's the problem of clothes. They are uppermost in a woman's mind, but men also have to buy them. It's very inconvenient not to be able to go into a shop and step into a ready-made garment. No, you have to go to a dressmaker or tailor and be fitted, get stuck with pins, wonder if your excess curves are becomingly covered and pay a lot more money than if you were a normal size.

Then there's the question of climbing stairs. You puff and pant and your heart pounds and you wonder if you have heart trouble, high blood pressure or if your lungs are going to burst. You also look very ugly with your face red and perspiration streaming down it.

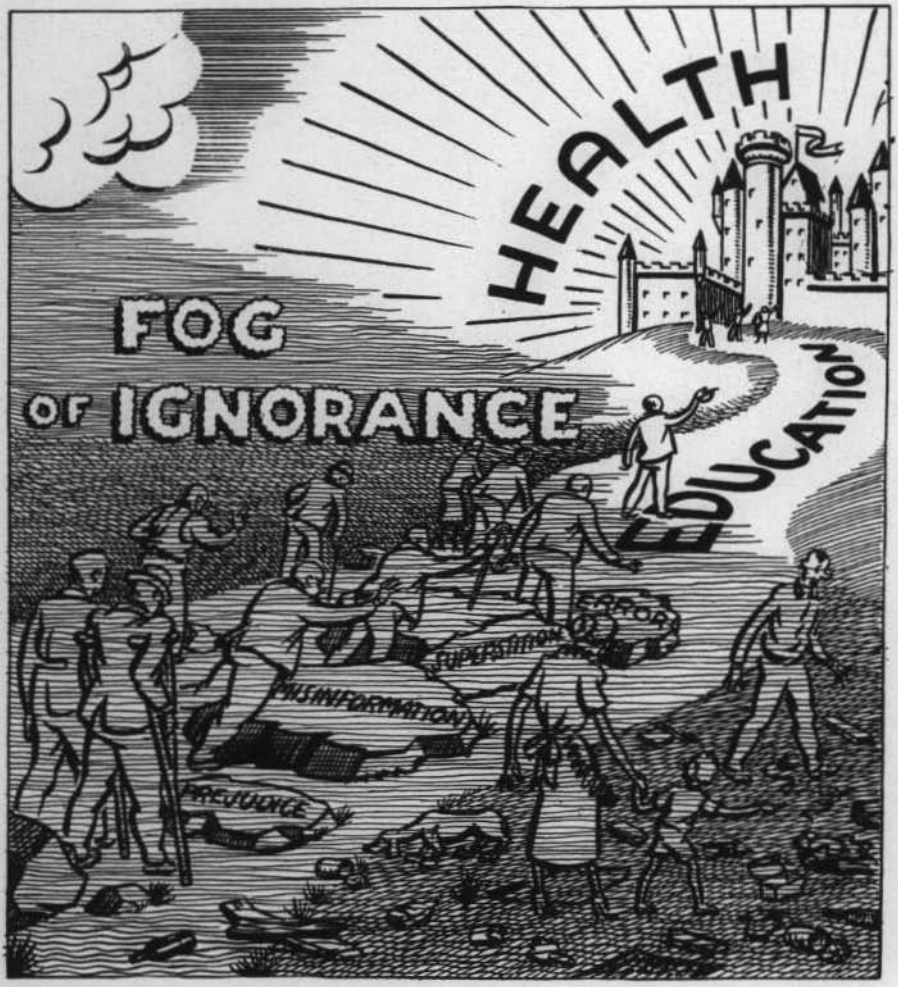
Then, too, did you ever think what it means not to look like other people? If you're too tall or too short, too thin or too fat, everybody looks at you. Even though you may not be large enough to be in a sideshow, you feel like you are in one at times when people stare and gawk.

Then there's dancing and playing tennis and other things you would really like to do but feel you better not for fear that you would make a spectacle of yourself. You tire more easily and are often depressed and unhappy. Comes the day you feel bad and you go to your doctor for a check-up and he tells you what you already suspected: that overweight is going to cut your span of life short and make you miserable while you're here. That's the time to do something.

You bring up all the old arguments: it's your glands; it's hereditary; all your food turns to fat, etc. But the doctor points out that too much food makes too much fat. To get rid of it, you eat less food than you need. This is much easier said than done. But it can be done. How do I know? I'm doing it! I'm losing weight!

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Florida HEALTH NOTES

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AFTER THE X-RAY SURVEY—WHAT?

After the X-ray Survey



—WHAT?

Consider this statement: In 1948, 415,599 persons in Florida were examined by mass x-ray. Of this number 1,306 persons **HAD** tuberculosis, 3,167 were suspicious of tuberculosis infection and 2,332 had something else besides tuberculosis wrong with their lungs or hearts — as shown by x-ray.

Consider that upon the basis of the findings in 1948 (and for other years, too) the rational conclusion is that there is a minimum of 13,007 cases of tuberculosis in Florida. Remember that we use the word **minimum** for there are probably more than this number — for there are many people who are afraid of facing the facts of a diagnosis — so they don't see a physician or have an x-ray until they collapse.

Consider that it is a proven fact that tuberculosis spreads easily and rapidly from one person to another. Therefore, it is our responsibility to find all cases promptly, and hospitalize them immediately — so that we may break the chain of infection and protect **YOU** and your family and friends. It is also our responsibility to see that those persons who have other diseases of the lungs or heart trouble are referred to their family physician or a clinic for further study and medical care.

But how does this affect you, in your home town? Let's take an average-sized community and see what happens there. We'll call it Green Belt and it **is** a fairly typical Florida city.

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THE PROBLEM

First, before you can tackle a problem, you have to define it; that is, you have to know of what it consists. When you want to find out about tuberculosis you have to know how much there is among your people. This is usually most efficiently done by a mass x-ray survey.

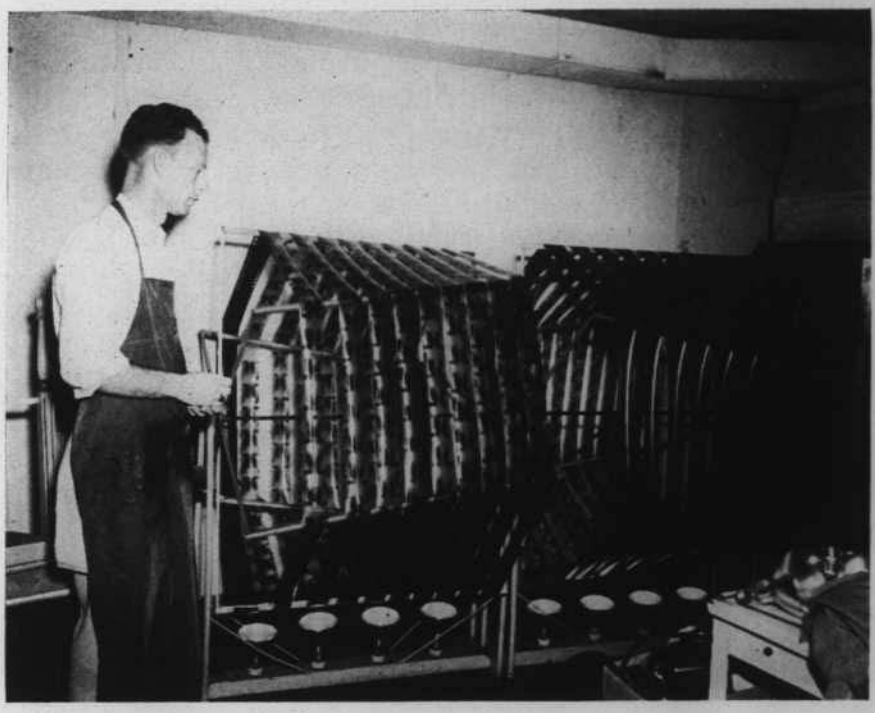
LOOK PLEASANT, PLEASE

What is a mass x-ray survey? And how does it come about? Well, let's see what happened to Green Belt.

The health officer of the county in which Green Belt is located, Dr. James Doe, had studied his disease records carefully. He noted that there were many persons contracting and dying from tuberculosis each year. He asked the county commissioners for extra money to employ more public health nurses and for paying for more patients to be put in the State Tuberculosis Sanatoria — but the commissioners were not convinced of the need. As business men, they asked: "How do you know that we have so much tuberculosis in this county? Maybe this was just a bad year." So the health officer took his problem to the county medical society.

He asked them to consider having a mass chest x-ray survey in Green Belt. If they approved of the idea, he would request the State Board of Health to send down several portable x-ray machines on big trailer trucks. These trucks would be set up at central spots. Anyone over fifteen could have an x-ray of his chest by just requesting it. The person need not undress for the x-ray. The trucks would stay in town about a week, thus giving everybody a chance to have an x-ray made.

The county medical society approved. Then began the work to let everybody in the community know about the mass x-ray survey, so that the majority of the people would take advantage of it. The local tuberculosis and health association worked hand in hand with the county health department. A steering committee was set up composed of representatives from the major community clubs. There were posters, newspaper publicity, sermons, pamphlets, radio talks, and a speakers' bureau set up to tell the many civic clubs as to what a mass x-ray survey could do for the community. Volunteers were recruited to register those who came to be x-rayed.



These reels of drying small films represent thousands of x-rays

THE RESULTS?

Out of a total population of 21,800 people in Green Belt, 10,890 were x-rayed during a mass x-ray survey in the spring of 1949. Of this number, 16 definitely had tuberculosis, 121 were suspected cases, and 233 had other disease conditions of the heart or lungs. Following much medical study, of that number who had tuberculosis or were suspected of it, hospitalization was advised in 9 instances and further medical study over a period of time was urged for 33 persons.

THE MEAT OF OUR STORY

Whenever we hear professional people talk about persons who have tuberculosis, or are suspected of having it, we notice that they use the term "follow-up" so much. What does this mean? What does it consist of?

Let's take an imaginary person named John Jones. He had his chest x-rayed when the mass survey was done. The doctor

who read the film diagnosed him tentatively as having tuberculosis. Then John receives a letter asking him to report either to his private physician or the county health department clinic. If he goes to the clinic, he is interviewed by a public health nurse. His family history is obtained (previous illnesses; other persons in the family who have had tuberculosis, etc.). He is x-rayed again, this time a large 14"x 17" diagnostic film is made. Anyone can understand that a more detailed study of a person's lungs can be made by having a larger film to examine. He is given some little bottles, which are sputum containers. He expectorates into these and they are sent to the State Board of Health laboratory. There the sputum is examined for the presence of tuberculosis germs (tubercle bacilli). It is also cultured which takes much longer but which does sometimes reveal tuberculosis germs not seen on a first examination.

A final report cannot be made from the culture (which is kept under incubation) until six weeks have passed. Any tubercle bacilli present will grow by the end of this time. During this time, John is given advice by the health department about getting sufficient rest, and how to avoid spreading the disease, in case it is proven active. If John is a foodhandler, he is put on a leave of absence from his work in order to prevent the possibility of spread of his disease through his occupation, until the laboratory studies are finished.

WHAT DOES IT MEAN?

"Active tuberculosis" simply implies that tuberculosis germs (bacilli) have been found in the sputum, and that the person is capable of spreading the disease. Arrangements are made for such patients to be admitted to one of the State Tuberculosis Sanatoria as soon as possible. Pending admission, they are aided at home by the health department, in an effort to halt the spread of the infection within themselves, and to people with whom they are in contact.

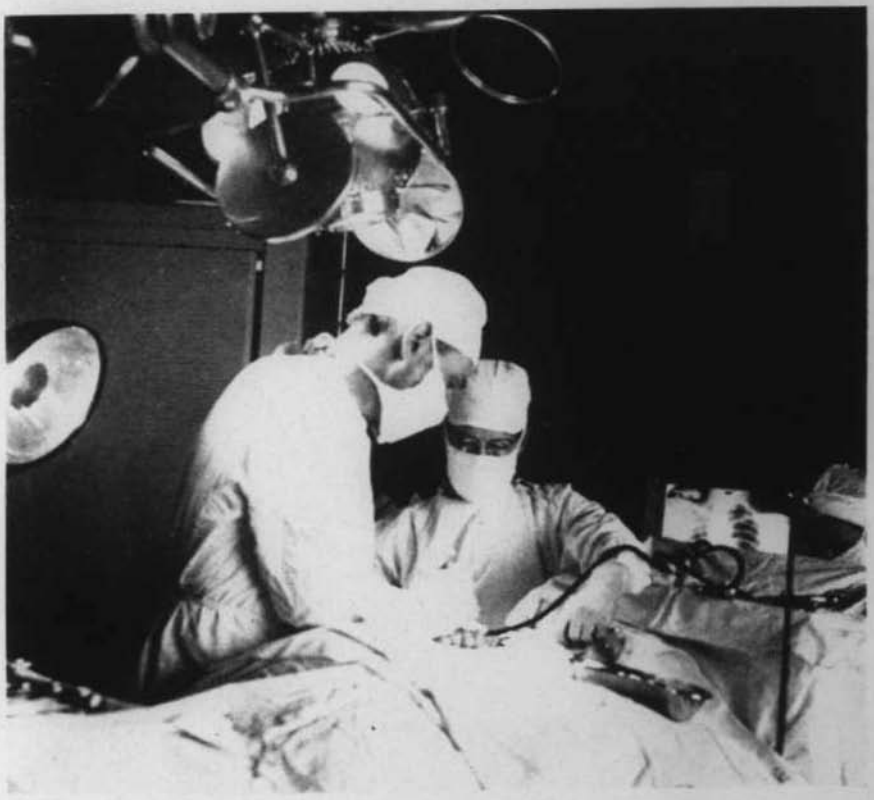
WHERE DO THEY GO?

Without adequate treatment of tuberculosis individuals all other phases of the tuberculosis control program would be of little

avail. Because tuberculosis requires specialized treatment a "trip to the San" is an important part of the cure.

Florida's Sanatoria, located at Marianna, Tampa, and Orlando, now house approximately 1,100 patients. With the opening of the new sanitorium at Lantana (Palm Beach County), 425 additional patients can be cared for.

At Tampa and Marianna, in buildings which were formerly Army camps, people recover and are released daily. These hospitals, however, were built on a temporary basis and are now in need of replacement. But even with the rebuilding of modern Sanatoria at Tampa and Marianna and with the new Lantana hospital in use, there will still be a waiting list. The vigorous case finding program which daily lengthens the list of known tuber-



Surgery is one of medicine's greatest contributions to the successful recovery from tuberculosis

culous cases, makes it necessary to furnish more beds to take care of the mounting number of cases. In the long run, it is cheaper to hospitalize and treat rather than keep people at home spreading the disease.

Hospital care for tuberculous individuals is important for several reasons. When the patient enters the hospital, family, friends, and community are protected from infection. At the hospital, the patient lives in an environment especially designed for him. His needs are attended to with the most modern equipment and scientific care. He learns the need for moderation after cure and is assisted to form new habits.

Tuberculosis hospitals often become centers of research and training. Local physicians and nurses come to sanatoria to learn new techniques of treatment and home care. Returning to their communities, they are prepared to advise and guide those who have had tuberculosis to lead a normal and healthy life.

A SUSPICIOUS CHARACTER

Now let's suppose, for the sake of our readers, that a person was x-rayed by name of Alice Smith. The doctor who read the small mass x-ray survey film thinks that her chest looks suspicious — but he does not make a definite diagnosis. Alice goes through much the same procedure as John did. However, if through repeated examinations of her sputum, no tuberculosis bacilli are found, she is considered to have "inactive" or "arrested" tuberculosis. She is followed carefully by having repeat chest films made at intervals not exceeding six months. If any change is noted in these later films, further sputum studies are made. Some cases thought to be suspicious of tuberculosis in the small films, are found to have diseases other than tuberculosis when the large diagnostic film is made.

IT'S A FAMILY AFFAIR

We've been talking about what happens to individuals who have tuberculosis or are suspected of it. Really this comprises just the beginning of the "follow-up" process. The first thing that public health doctors and nurses want to know is: from whom did he get it and to whom did he give it? Thus begins a study of the patient's family and close friends. All are urged to have

COMMON TERMS USED IN DISCUSSING TUBERCULOSIS

Mass X-Ray Survey	—A Program devised to detect tuberculosis and other chest disease in great numbers of people, using a mobile x-ray unit.
14"x 17" film	—The size of the larger or "diagnostic x-ray. film made by the stationary x-ray unit.
Negative card	—A postal card which is sent out to persons who have been x-rayed during a survey, whose chests were found to be free of disease.
Active tuberculosis	—Tuberculosis infection which has broken down a portion of the lung so that the germs causing the infection can be found in the sputum or in the stomach washings of the patient.
Arrested tuberculosis	—A tuberculosis infection which has apparently reached a quiescent stage, in which no changes are seen in successive x-rays, and in which the sputum contains no tuberculosis germs.
Non-tuberculous pathology	—Disease conditions of the chest other than tuberculosis, such as heart disease, lung tumors, cancer of the lungs, "upside down stomach," lung abscess, bronchiectasis, silicosis, etc.
Pneumothorax	—Air in the chest cavity causing a collapse of the lung, which is done artificially to rest the lungs in certain cases of tuberculosis, or which can occur spontaneously. (Spontaneous pneumothorax in most cases is not caused by tuberculosis infection.)
Follow-Up	—The work which must be done after a case of tuberculosis is found, in an attempt to find out whether or not it is active, whether or not hospitalization is necessary, and whether or not any contacts of the patient have been infected.
Tuberculosis and Health Associations	—These are supported by the sale of Christmas Seals and cooperate with the official agencies, such as the State Board of Health, in finding and caring for cases of tuberculosis, as well as providing educational material describing all phases of the tuberculosis problem.
Tuberculin Test	—A skin test like the Schick test in which a small amount of tuberculin is injected below the skin surface. A reddened, hardened area may result in 48 hours which shows that the patient has, *at one time or other*, had a tuberculous infection (*in most cases long since healed*).

x-rays — to see if he has contracted it from one of them — or if he has given the disease to another. Repeated x-rays are made at stated intervals. Contacts are watched to see if they display any of the classic symptoms of tuberculosis: fatigue, loss of weight, fever, cough, etc. This may go on for a couple of years. Of course, all this is done by the person's private physician whenever possible; if they cannot pay, the county health department clinic renders this service.

THE CHEST IS A ROOMY CAGE

You will remember that when Green Belt had the mass x-ray survey, there were 233 persons who had other suspected disease conditions of the heart or lungs. This is usually called "other pathology." Again, a large film is advised.

The patient is invited to come in to the health department clinic for an interview with the public health nurse regarding the small film findings. The nurse verifies the name of the physician given by the patient at the time of the mass survey, and the small film, along with a letter, is sent to the private physician. Those patients who do not have a personal physician are referred to a clinic. The large diagnostic films in this group of patients are made by their physicians or clinics, where a final diagnosis and arrangements for treatment are made. The variety of these non-tuberculous chest conditions is sometimes amazing — ranging from heart disease to "upside-down stomach," and including such conditions as silicosis, bronchiectasis, lung tumors, cancer, virus pneumonia, etc. The Bureau of Tuberculosis Control frequently writes the patient's private physician in an effort to see that the "follow-up" has been carried through to its obvious conclusion, only to often find **that the patients themselves have failed to see their physicians, IN SPITE OF KNOWING about the existence of a dangerous condition.**

MODERN APPROACH TO AN OLD SUBJECT

You will remember that we talked a while back about the definite cases of tuberculosis — and about those with suspected tuberculosis. There are so many of them in the various counties that private physicians and health officers do not always have the time to decide what should be done to help these people. Therefore, a "clinical team" has been organized to review cases of tuberculosis known to the county health departments, and decide what should be the disposition of these people.

The clinical team is composed of an x-ray technician, a public health nurse consultant, and a physician from the Bureau of Tuberculosis Control. Prior to its visit to Green Belt, the physician and the public health nurse consultant go over the patients whose names are filed in the central case register. From these a list is made which is sent to the county health officer. It indicates the people who should be examined at the consultation clinic held by the clinical team. The health officer adds any additional patients he knows about.

X-rays of these patients are made by the technician, and interpreted in the Bureau of Tuberculosis Control. Armed with the results of the x-ray examinations, the public health nurse consultant goes into the county to discuss the cases with the local health department, and arrange for any other diagnostic procedures which are thought to be necessary, such as sputum studies and tuberculin tests.

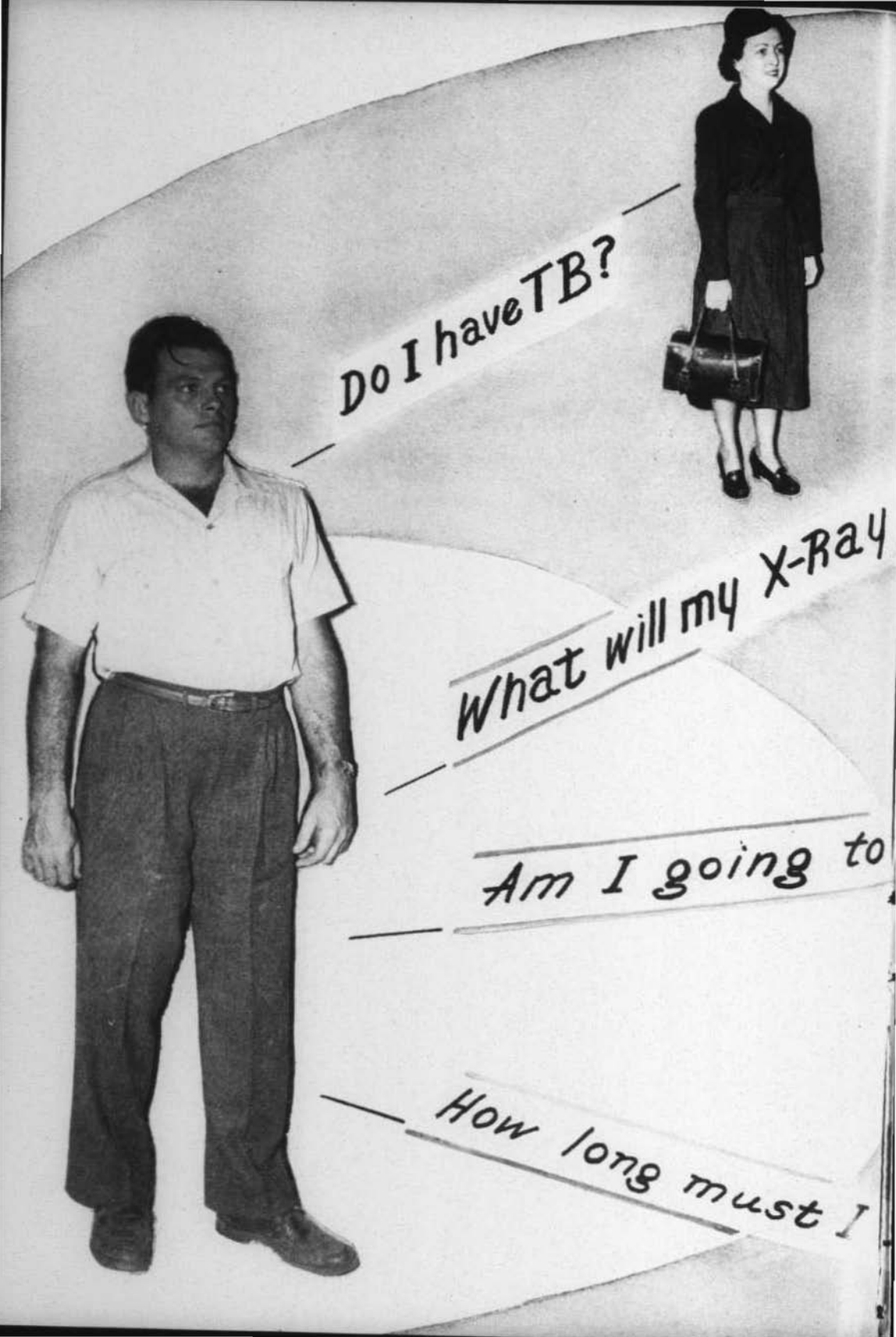
With the stage set in this manner, the tuberculosis physician arrives, examines each patient, goes over their x-rays and the results of other procedures which have been done, and decides whom should be hospitalized and whom should continue under the observation of the health department. Cases which are considered no longer dangerous are removed from the active files in the register.

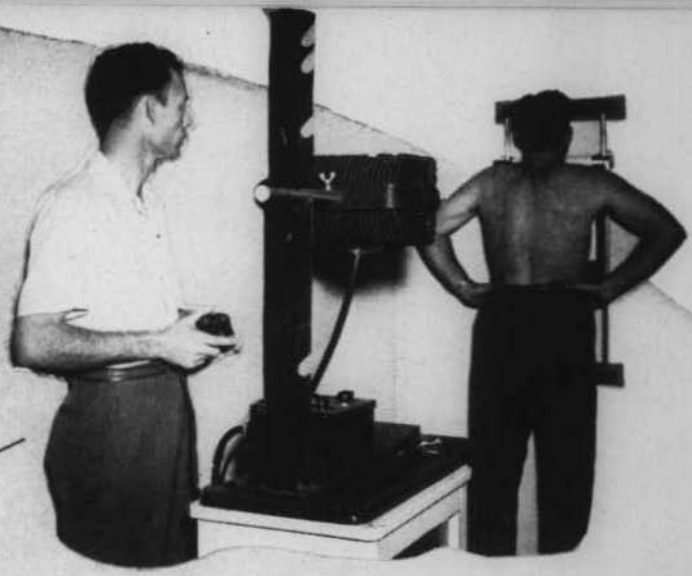
All this procedure provides for the re-examination of many patients who have slipped from grace. That is, they have neglected to keep themselves under a doctor's care. It also provides a complete evaluation of a patient's disease. As such, it prevents the needless hospitalization of many who otherwise would have been sent to a sanatorium simply because the local health authorities had no way of knowing whether or not the patient was still an active case of tuberculosis, and therefore, capable of spreading the disease.

THE GATHERING SPOT

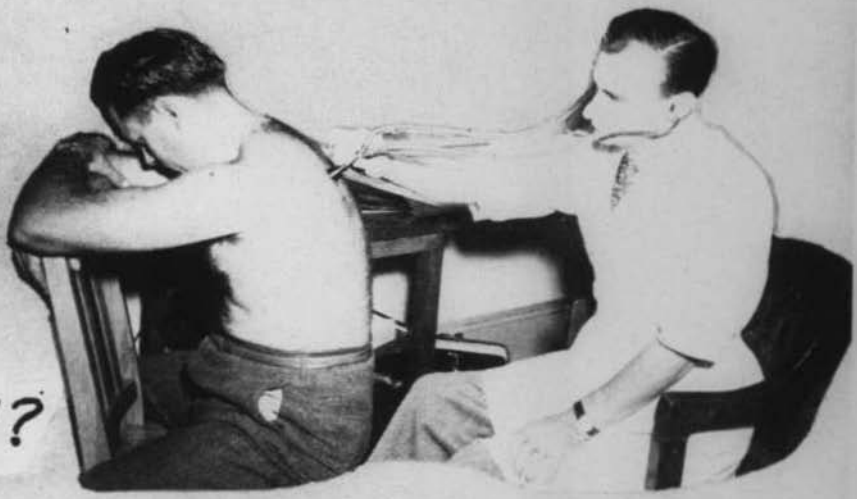
Up in Jacksonville, in the Bureau of Tuberculosis Control, there is what is known as the "Central Case Register." This is a series of extremely flexible files, which are arranged by counties to include all known cases of tuberculosis.

When a case of tuberculosis is reported, regardless of what kind it is, a card is filled out, showing the name, age, sex,

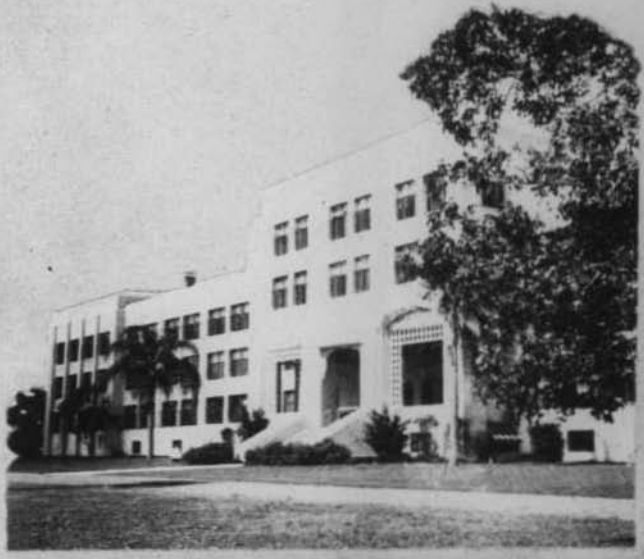

Do I have TB?
What will my X-Ray
Am I going to
How long must I



show?



get well?



stay?

color, marital status, address, and birth date of the patient. Other information entered includes his occupation, where employed, whether or not a veteran, whether or not under the supervision of the health department, who reported the case, etc. The first entry on the card shows the date, the diagnosis and stage of the disease, and whether or not it is active. The sputum is reported, whether positive or negative. The health department or physician reporting the information, and supervising the patient is then shown. An ample space for remarks may include such information as "reason not hospitalized," or "reason discharged." If the patient later leaves a hospital against medical advice, it is shown by the entry "A.M.A." The last column on this card shows the date the patient is due for a re-examination.

From time to time, as further information is received, it is entered on the card.

You will see from this that it is possible to always have a listing of the persons who have tuberculosis in Florida. It is helpful in locating persons who persist in foodhandling jobs, when they have been warned not to pursue this type of endeavor. Most of the local county health departments in the state have case registers of their own. It helps them to keep a check on the cases within their own limits.

May we add at this point — that all information in these registers is **completely confidential** and never released to anyone but health officials.

HUMAN INTEREST

A couple of pages back, we discussed John Jones and Alice Smith, two imaginary people. Now let's look at some real people in Green Belt, for instance, and see what happened to them. Here is a **woman with tuberculosis who needed to go into the sanatorium right away.** This 33 year old white female had felt poorly for some time, but just "put off" going to see her doctor. She noticed increasing fatigue, loss of weight, indigestion, and a troublesome cough. Finally, one day when she was downtown, she saw the mobile x-ray unit in operation and had an x-ray made. She was asked to report for a large follow-up film of her chest, which revealed definite tuberculosis, with a small cavity in the

upper portion of her right lung. A study of her sputum by the laboratory of the State Board of Health revealed tubercle bacilli. She was convinced, after a conference with the county health officer, that immediate hospitalization was necessary. Her diseased lung was collapsed soon after her admission to the State Sanatorium, helping it to heal, and she is now well on the road to recovery.

Here is a **boy who required some further medical study but did not need to go to the sanatorium:** this 18 year old high school student's father died with tuberculosis, but he had never been adequately followed-up following this contact. Just by accident, he happened to be x-rayed by a mobile unit. He was advised his x-ray was suspicious of tuberculosis, and he cooperated by reporting to the follow-up clinic. His large film revealed an apparently inactive lesion in the upper portion of his left lung. His sputum studies were consistently negative. A follow-up film at three months revealed no change in the appearance of his lesion, and his subsequent progress has been good.

Here is a **woman who was followed-up, thought to be all right, and was later found to need hospitalization:** This 24 year old Negro female had had a baby not long before she reported to the mobile x-ray unit for examination. She had never completely recovered her strength, and had noticed increasing difficulty in caring for her three other young children. Her suspicious small film resulted in her reporting for further study at the follow-up clinic. A large film revealed definite tuberculosis in her right lung which had the appearance of an active lesion. However, her sputum was negative at the time. She reported for further study in three months, and some change was noticed in the appearance of the tuberculous area, but her sputum was not yet positive. Before she was again x-rayed at six months, she was aware of greatly increasing fatigue, and a cough. The day before she reported to the clinic, she coughed up a considerable quantity of blood. Her x-ray showed marked change, and her sputum was positive. Immediate hospitalization was arranged, and she came under treatment in time to insure her eventual recovery. Her children were closely followed by the health department, and while two of them showed a markedly positive reaction to the tuberculin skin test, none of them developed clinical primary (childhood) tuberculosis, thanks to the fact that the mother had been so closely followed, and removed so quickly to the sanatorium as soon as her disease had become active.

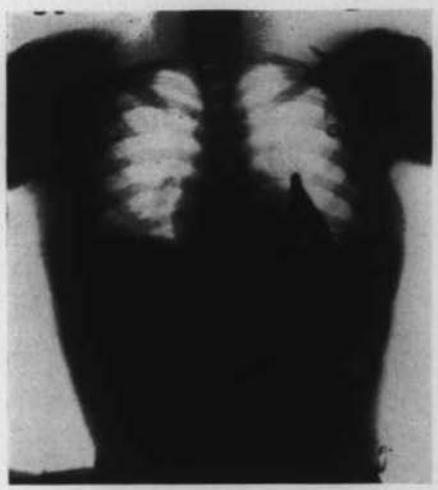
This man was found to have "other pathology— **lung cancer.** This 47 year old male accountant had been a heavy smoker for years. He didn't think too much of his cough, which seemed to be getting suddenly worse. However, he went along with some friends the day the mass x-ray survey was going on in town, and was much surprised to receive a notice to report to his private physician. A large x-ray taken in the doctor's office confirmed the suspicions of the doctor who read the small film who believed a lung tumor to be present. Examination of this man's sputum revealed cells characteristic of bronchogenic carcinoma (cancer of the lung). He was immediately operated upon, where the growth was found not to have metastasized (spread) to any great degree, and was successfully removed. He made a prompt uneventful recovery, is back at work, gaining weight, and his "smoker's cough," of course, is gone, as well as the shadow of the Grim Reaper at his door.

And this **boy was found to have heart disease.** This young Cuban boy had come with his family to Florida when he was six. Soon after his arrival he developed pain and swelling in many of his joints. His father didn't believe in doctors, and he failed to take the boy to a physician. He was now fifteen, and even though he no longer had pain in his joints, he noticed that he was unable to keep up in sports with his friends. His lips seemed to be blue most of the time, and he was terribly short of breath. One day the mass x-ray survey came to his high school, and soon after that, he received a notice to report to his physician. He was told that his heart was greatly enlarged, and that he would have to be under medical care for some time. With some restriction of his activity, and proper treatment, he soon felt better. He was advised by his physician that he would feel well and live as long as any of his friends, if he simply did not overtax his heart which had been damaged by rheumatic fever when he was a young child.

THERE'S A SLIP-UP SOMETIMES

We've talked about a person having tuberculosis going into a sanatorium as if it were the only logical thing a person could do.

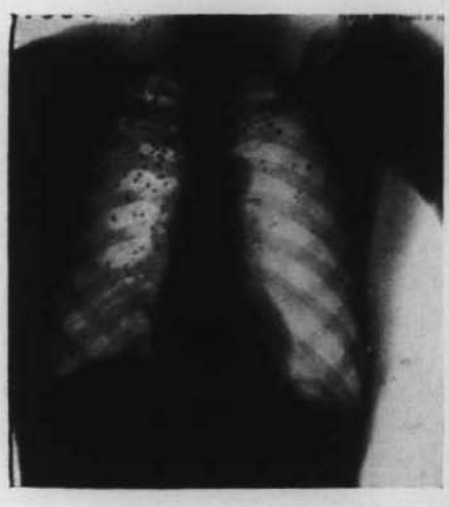
THERE IS MORE TO PEOPLE THAN MEETS THE EYE



Razor-ready for any eventuality



Seminoles keep their beads!



Buckshot — who's chickens?



Fortified — note bottle on hip

Among the hundreds of thousands of small films taken in the mass x-ray surveys each year, there are always a few that give the physicians reading the x-rays a chuckle. Just as a light touch to a sober subject, four are here included

And it is. But sometimes something happens that they don't go to the sanatorium. Let's examine some of these problems.

First, there are — people who want to stay home and seem to make satisfactory preparations for doing it. But actually it is the rare home that is prepared to function like a hospital. And when the patient is right there, it seems cruel and inhuman not to go in and visit with him a while each day or perhaps drop in frequently to chat. And then what happens? He gives the disease to one of these contacts.

Then there are those who immediately want to leave for a "dry" climate or the mountains. This theory was disproved — years ago, but many people still believe in it.

A small group are those who have many of the symptoms of tuberculosis; they and their friends suspect that they have it, but they never go near a doctor. They're like the proverbial ostrich who sticks his head in the sand at the approach of danger. Of course, if they do have tuberculosis, they are busily spreading it while they try to ignore their symptoms.

But by far the biggest problem is how to pay for sanatoria care.

IT ISN'T CHEAP

The care and treatment of a patient ill with tuberculosis is a long, drawnout procedure. It is an accepted fact that few people have sufficient resources to pay the high cost of such hospitalization. Consequently, the State has assumed the responsibility for the free care of the majority of patients. As it is set up in Florida, the patient must

1) be a resident of the county and certified as such by the county board of commissioners,

2) be certified as indigent by the board of county commissioners in consultation with the welfare board.

The county pays $1.25 per person of a daily cost of approximately $5.00. The remainder of the cost is paid by the State. When financially able to pay, the patient usually pays only the county share of this total cost.

If a non-resident is found to have infectious tuberculosis and in need of immediate hospitalization, it is necessary that the entire cost be paid by the county from which he is admitted. The State in this case assumes no obligation.

Attempts have been made at several sessions of the legislature to pass legislation whereby the State would assume ALL financial responsibility for the cost of the care of tuberculous patients. This would absolve the counties of their share (which in larger counties amounts to considerable expense). In many smaller counties, as a result of this situation, many patients are greatly delayed in being admitted to a sanatorium, because of the additional financial burden on county funds. This is a particular problem in counties where the tuberculosis case load is heavy. In the meantime, these active cases of tuberculosis continue to spread their affliction to other persons who have previously been free of the disease.

SOME JUST DON'T CARE

One of the most annoying situations is: what does a public health official do about those who have tuberculosis, know it, but just don't see any reason for going to a sanatorium? They may feel all right, even though their sputum is laden with tuberculosis germs. They're not convinced that tuberculosis is communicable (they may be educated but they're ignorant!). They expectorate in public places, eat in restaurants, drink from a common cup at home, sleep and live with members of their families — and generally do nothing to stop the spread of tuberculosis to innocent persons. A citizen of the United States is a free agent as long as his activities do not harm others. Certainly a debilitating and killing disease like tuberculosis can be counted as a menace to others.

The 1949 session of the Legislature passed a law giving health authorities power to bring about "the compulsory detention and isolation of definite public health problems who will not observe proper communicable disease techniques." This means that those persons who refuse to be hospitalized for active tuberculosis may be forced to by law. Section 4 of the Act provides: "The State Tuberculosis Board is hereby authorized and directed to provide adequate facilities for such compulsory isolation and treatment at one or more of the sanatoria in this State which are operated for the care and treatment of tuberculous patients." This has been done.

Legal compulsion of any kind is not pleasant. It is our belief that most patients can be admitted to the sanatorium without invoking the law. In a communication to all county health departments the director of the Bureau of Tuberculosis Control states:

> "The necessity of selecting the proper group of patients for this type of compulsory hospitalization cannot be pointed out too strongly. Patients who present very severe public health problems, particularly those with children in their homes, are patients who should receive first consideration. Those who insist on frequenting public places where they can obviously spread the infection are in the second category of patients who should receive priority under this new law. Patients who can reasonably be expected to observe adequate isolation in their homes should not be considered candidates for compulsory isolation under this law unless they prove maliciously recalcitrant and show no disposition to prevent spreading the disease. **As long as the patient can be placed under quarantine, there is no reason why this law should be invoked."**

MY CHILDREN ARE HUNGRY

One of the saddest parts of the picture having to do with sanatorium care of the tuberculosis patient concerns what happens to families when the breadwinner or mother is removed from the

family circle. A man cannot get well in a sanatorium, no matter what wonderful facilities it may have, if he worries continuously about the fact that his family is suffering for lack of food, proper shelter, and clothing.

There is **no** program in Florida which adequately meets this condition when it exists. In a few communities there are local and county welfare agencies which try to meet these needs; but even there, the means — the funds — are limited.

If there are children in the family under 16 years of age, or 18 if attending school, some assistance can be provided through the State Welfare Board. This, too, is limited. Aid to Dependent Children can be provided, but not more than $27 a month for the first child and $18 for each additional child. The family maximum under this program is $125 a month, which won't go far if there is a large number of children.

If the breadwinner has only a wife and she is under 65 years of age, the State's welfare program offers no assistance to her, regardless of need. If she is beyond that age, and meets residence and other requirements, she may receive Old Age Assistance; but here, again, funds are limited and the most she may receive is $50 a month.

There is no statewide "general assistance" program in Florida, that would help meet this particular problem — but how effectively again would depend on the amount of funds available. In Florida, unless you are blind or a child or elderly, no assistance through the State is provided. It is well to remember, too, that immediate needs cannot always be met. Applications must be filed and there may be others on the waiting list ahead of you.

A general assistance program would help meet the needs of the tuberculous patient's family; and would give the patient the peace of mind which is so essential to his recovery.

HOW PEOPLE THINK

One of the biggest problems we have today is how to educate a great many people about tuberculosis. Science long ago established the fact that tuberculosis is easily spread by what we call "droplet" infection. This means that a person who is discharging tuberculosis germs from his lungs can infect others by coughing, sneezing, spitting, kissing, drinking from the same glass or eating with the same utensils as other members of his family or contacts.

Tuberculosis is still looked upon by some people as a visitation from above to punish them for their sins; they also think that its communicability is only theoretical.

In every town in the nation today one can point to families in which one member has spread it to others thereby causing untold suffering and death.

FROM WHOM DID HE GET IT AND TO WHOM DID HE GIVE IT? This is an old slogan but still as appropriate as ever. To learn the facts is our first responsibility. Because we are so poorly educated in some health matters, we would desert a bus immediately if we thought there was a case of leprosy riding in it but would continue on our merry way if we knew a person with tuberculosis were riding beside us. Those of us who know, realize that leprosy is only spread after many years of contact but that tuberculosis is easily disseminated. But here again the reason for our unreasoning fear is that we don't know the true facts.

THERE'S A BRIGHTER SIDE

In closing, let us state that in the past five years, there has been an encouraging decline in the mortality rate of tuberculosis in Florida. In 1944, the rate was 36 per 100,000 population. By the end of 1948, this rate had decreased to 29 per 100,000. The rate for the nation as a whole has decreased from 41.3 per 100,000 to 29.8.

In 1944, the actual number of persons dying with tuberculosis was 791. By the end of 1948, only 728 deaths were caused by tuberculosis, despite the tremendous increase in Florida's total population in these four crucial years. This encouraging aspect of the tuberculosis situation in Florida has resulted from the intensely active case-finding program provided by the mass x-ray survey; and by the increased and improved hospital facilities for isolating public health problems, as well as improvement in the treatment of tuberculosis. As the consultation clinics increase their scope, a further reduction in mortality rate can be anticipated — which means many more happier, healthier people.

DEATHS FROM UNTREATED TUBERCULOSIS COST FLORIDA THIRTY-EIGHT MILLION DOLLARS IN 1947 (latest year for which estimates can be made).

The State Board of Health

1217 PEARL STREET or P. O. BOX 210
JACKSONVILLE, FLORIDA

Hon. Fuller Warren
Governor of Florida

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County	Town
Alachua	Gainesville
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Brevard	Cocoa
Broward	Ft. Lauderdale
Calhoun	Blountstown
Charlotte	Punta Gorda
Clay	Green Cove Springs
Citrus	Inverness
Columbia	Lake City
Dade	Miami
DeSoto	Arcadia
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Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
Hamilton	Jasper
Hardee	Wauchula
Hendry	La Belle
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Indian River	Vero Beach
Jackson	Marianna
Jefferson	Monticello
Lafayette	Mayo
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Liberty	Bristol
Madison	Madison
Manatee	Bradenton
Marion	Ocala
Martin	Stuart
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
Orange	Orlando
Osceola	Kissimmee
Palm Beach	West Palm Beach
Pasco	Dade City
Pinellas	St. Petersburg
Polk	Lakeland
Putnam	Palatka
Santa Rosa	Milton
Sarasota	Sarasota
St. Lucie	Ft. Pierce
Seminole	Sanford
Sumter	Bushnell
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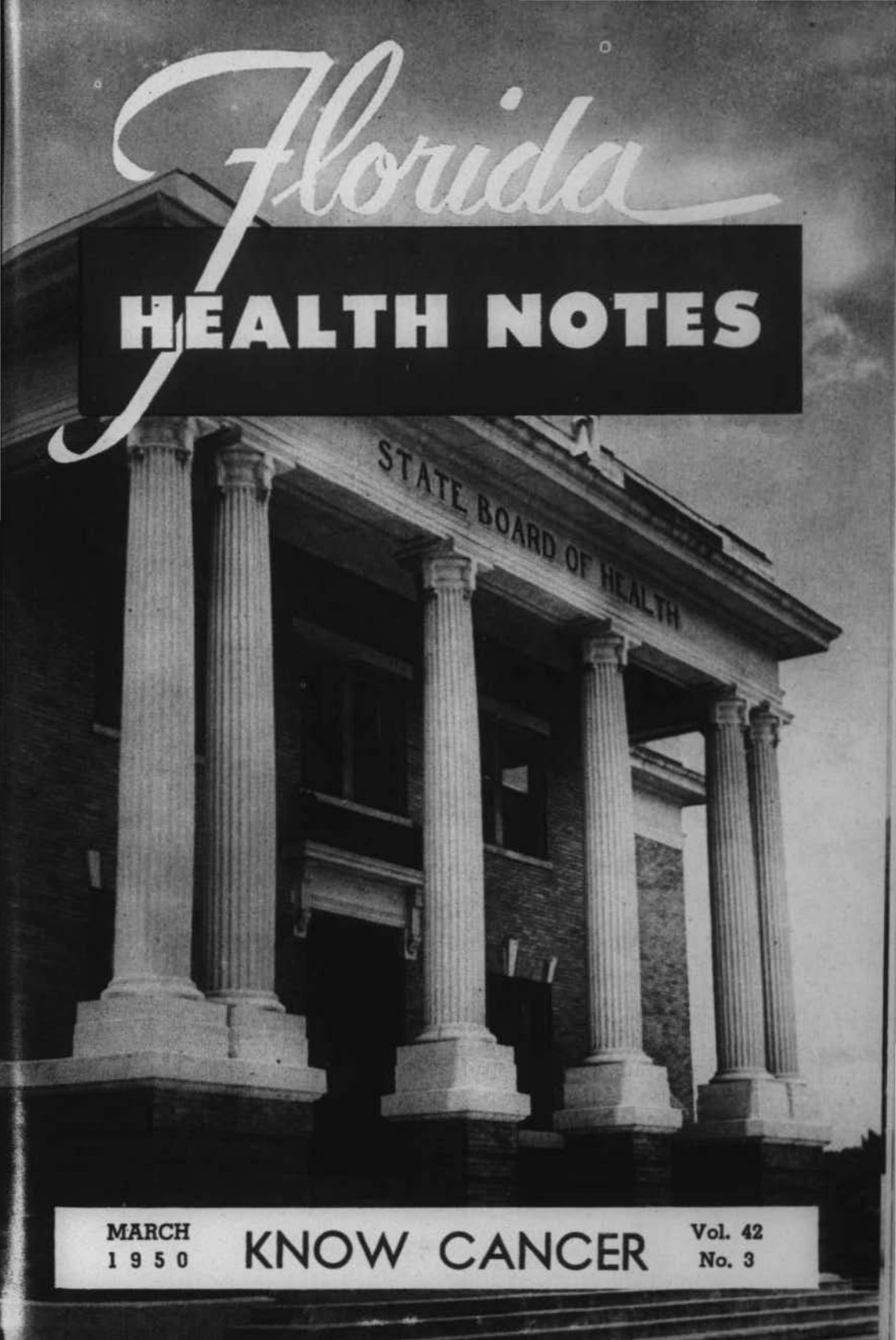
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"The disease that kills more than twice as many individuals as any other single cause of death during this particularly productive and enjoyable period of the life span (15 to 45) can hardly be jubilantly regarded as being 'nearly conquered.'"

Arnold R. Rich, M.D.,
The Pathogenesis of Tuberculosis

Florida HEALTH NOTES

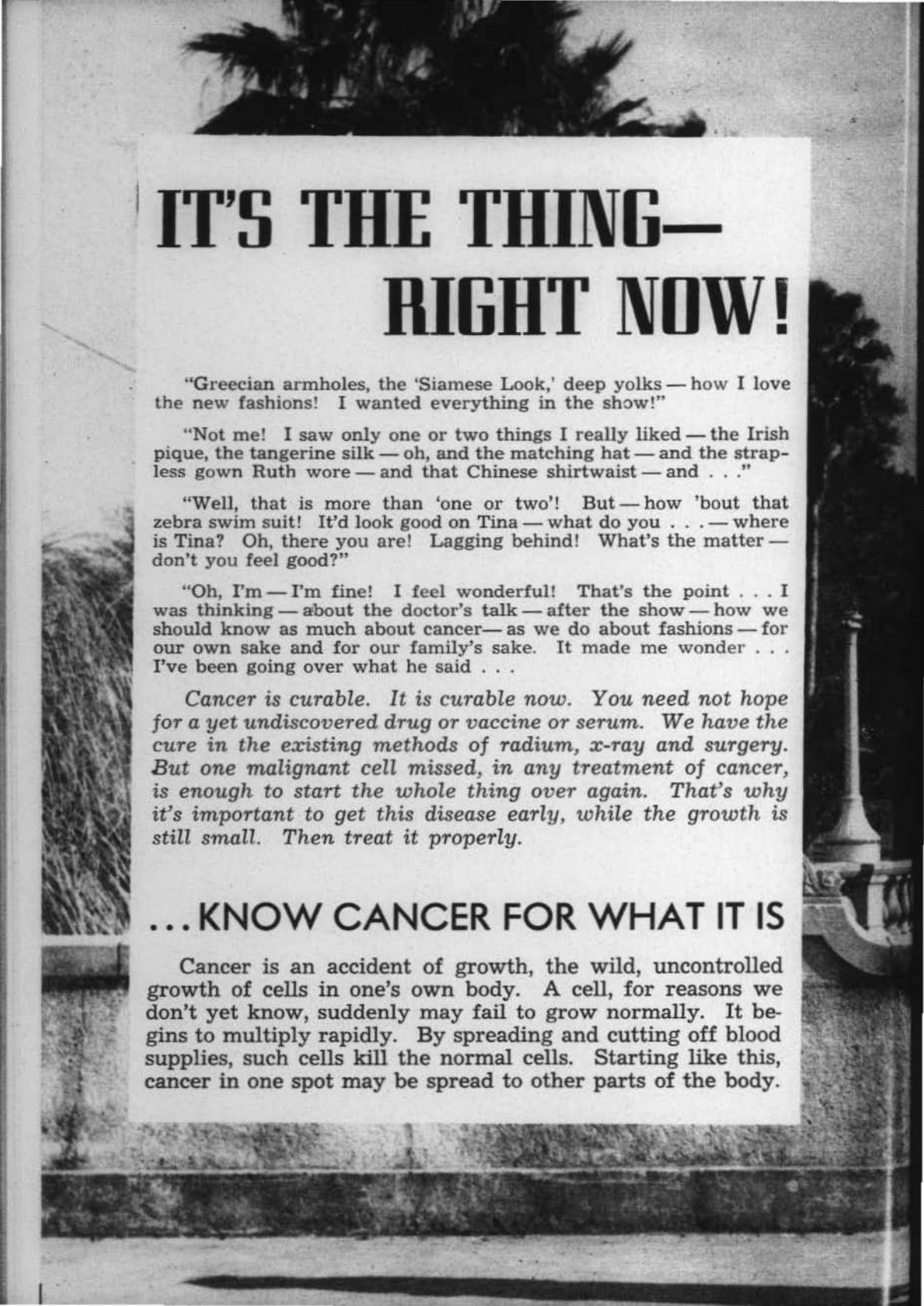


MARCH
1950

Vol. 42
No. 3

KNOW CANCER





IT'S THE THING— RIGHT NOW!

"Greecian armholes, the 'Siamese Look,' deep yolks — how I love the new fashions! I wanted everything in the show!"

"Not me! I saw only one or two things I really liked — the Irish pique, the tangerine silk — oh, and the matching hat — and the strapless gown Ruth wore — and that Chinese shirtwaist — and . . ."

"Well, that is more than 'one or two'! But — how 'bout that zebra swim suit! It'd look good on Tina — what do you . . . — where is Tina? Oh, there you are! Lagging behind! What's the matter — don't you feel good?"

"Oh, I'm — I'm fine! I feel wonderful! That's the point . . . I was thinking — about the doctor's talk — after the show — how we should know as much about cancer— as we do about fashions — for our own sake and for our family's sake. It made me wonder . . . I've been going over what he said . . .

Cancer is curable. It is curable now. You need not hope for a yet undiscovered drug or vaccine or serum. We have the cure in the existing methods of radium, x-ray and surgery. But one malignant cell missed, in any treatment of cancer, is enough to start the whole thing over again. That's why it's important to get this disease early, while the growth is still small. Then treat it properly.

. . . KNOW CANCER FOR WHAT IT IS

Cancer is an accident of growth, the wild, uncontrolled growth of cells in one's own body. A cell, for reasons we don't yet know, suddenly may fail to grow normally. It begins to multiply rapidly. By spreading and cutting off blood supplies, such cells kill the normal cells. Starting like this, cancer in one spot may be spread to other parts of the body.

Cancer never develops in healthy tissue. This means that any condition resulting in the breakdown of normal cells may be preparing the way for cancerous growth. For example, irregularity of eating does not cause cancer, but it may result in unhealthy conditions within the digestive system, which sooner or later give rise to cancer.

WATCH IRRITATION!

A second important factor in the growth of cancer is continual or chronic irritation. It is as though the cells of some body tissue become annoyed beyond endurance, lose patience, break into open revolution, and begin building up their rebel army through cell division — against the irritant.



There are three types of irritants: chemical, thermal (heat), and mechanical (friction).

Laboratory research has found many chemicals used in industry tend to produce cancer.

Continued over-exposure to hot sun and high temperature may cause cancer of the skin.

Constant rubbing of a mole, wart, or old scar may be sufficient mechanical irritation to cause rebellion and cancerous growth.

SUSCEPTIBILITY

One more factor should be mentioned, though its origin and influence is as yet little understood. This is individual susceptibility. It seems obvious that certain people are more

Straight talks on cancer may prevent many deaths from this disease.



Clubs, civic groups, and school organizations are urged to know the facts about cancer control in their community.

susceptible than others to the danger of cancer. Whether this is due to the faulty functioning of certain glands—or to the presence or absence of certain chemical substances in the body—or to some condition as yet unsuspected, is not known. Scientists are still trying to discover the complete answer to the age-old riddle—what causes cancer?

The Most Urgent Need Is...

NOT newer and better methods of diagnosis, desirable as they may be;

NOR newer and more efficient methods of treatment, essential as we all know these to be;

BUT the fullest utilization of what we now know of cancer diagnosis, and early recognition.

. . . WHAT IS FLORIDA DOING?

Cancer can be controlled only by prompt, accurate diagnosis. Without this, even the best of treatment fails. Long recognizing this important fact, the Florida Medical Association, the State Board of Health, and the American Cancer Society sought to establish a coordinated cancer program in Florida. When the cancer control law was passed by the 1947 State Legislature, all interest and concern about cancer as a major public health problem crystalized into definite action.

As in the rest of the nation, three major fields of activity were begun: research, professional service, and education. Right now, professional service and education receive the most emphasis, but cancer research is being carried on at the University of Florida, the University of Miami, and the Yerkes Laboratory of Primate Biology at Orange Park.

FINDING CANCER SOONER

To encourage physicians to examine growths suspicious of cancer, the State Board of Health established the *tissue diagnostic service*. Physicians now can send a small piece of the suspected cell tissue to laboratories where pathologists examine the tissues for cancer. The location and general features of the suspicious growth may be established by the doctor in his examination, but often the final decision as to whether or not it is cancer rests upon a microscopic study of the tissue itself. *This procedure is known as a biopsy* and is important in the correct diagnosis of cancer.

The pathologists who examine the cell tissues are paid by the state on a fee-for-service basis, if the patient is indigent. In this way, the tissue diagnostic service makes the biopsy available to a great many patients who otherwise would not receive its benefits.

Rendering another important service are the *tumor clinics* established under the auspices of the State Board of Health, the American Cancer Society and the county medical societies. These clinics have two important purposes: first — to bring about the early and accurate diagnosis of cancer; second — to provide an opportunity for the local medical profession to study cancer, its diagnosis and treatment. Money for their support is appropriated by the State Legislature which likewise aids in the treatment of indigent persons suffering from cancer.

THE ADVANCED CANCER CASE

Persons with advanced cancer are not accepted for treatment under the state cancer control program. Due to limited funds, treatment must be given first to those patients whose lives can be saved or extended for many years. Thus, the care of persons with advanced cancer is a major problem of families and communities.

Most patients with advanced cancer are cared for in their homes, under the supervision of the family doctor. Often, they have received treatment and have returned home, because further hospital treatment is considered useless. The family is taught how to carry out the doctor's orders and also how to help interpret the patient's condition and needs. The family then can better care for the patient if they know what may develop.

Patients with advanced cancer should be encouraged to remain active, to keep themselves occupied with tasks in the house or yard — if physically able to do so. Many patients can and should seek employment on a part-time basis in their accustomed jobs. This activity postpones "invalidism." More important than that, however, it helps the patient keep his self-respect and his feeling of accomplishment, as long as possible. He does not feel himself a burden on his family and society.

Activities of a tumor clinic are guided by a committee of physicians from the local medical society. These physicians must be specialists in the various fields of medicine concerned with cancer diagnosis and treatment. Usually the tumor committee consists of a radiologist, pathologist, surgeon, internist and gynecologist. But other specialists, such as the dermatologist and urologist, may be called in on selected cases.

The availability of these medical specialists to a tumor clinic is a necessary requirement before a tumor clinic can be established. Many towns and communities would like to have a tumor clinic, but unless these specialists are available in their communities, clinics cannot be established. The tumor clinics also must meet very high standards as set by the American College of Surgeons. Counties fortunate in having tumor clinics at the present time are —

Alachua
Broward
Dade
Duval
Escambia
Hillsborough
Leon
Marion
Orange
Palm Beach
Pinellas
Polk
Volusia

Everyone can benefit from the services of a tumor clinic in a community. For, in addition to providing treatment for the medically indigent, the services of the tumor clinic assist the private physician or family doctor in finding cancer among his patients early and seeing that adequate treatment is given them.

Studies

To date 2,747 persons have been authorized to receive aid in the diagnosis and treatment of cancer under the state cancer program. Many of these have received assurance that they do not have cancer; while those who had cancer have been treated according to the best medical standards. Unfortunately, some of the cases receiving state aid have died because their conditions were found too late to respond to treatment. But those who completed the treatment prescribed are now living happy, normal lives.

The cure of a person treated for cancer is not assured until at least five years have elapsed. For this reason, a five year statistical study is being made on the cancer cases which receive state aid. This means a report on these cases will be obtained through the county health departments from year to year. This information will be used to evaluate the methods used in treating each case. It should also show how many lives are saved from cancer through financial assistance under the state aid program.

Since every clue to the control of cancer must be followed, a continuous study also is made of information obtained from cancer death certificates. To provide more accurate information for this study, the State Board of Health is urging those who fill in death certificates to specify the—

1. type of growth (whether it is benign or malignant)

2. sites of the cancer:

   primary — the part in the body where the cancer begins.

   secondary — the parts in the body to which the cancer spreads.

SPREADING THE GOOD NEWS

That many types of cancer are curable and curable now is a fact everyone should know. We don't have to wait for new discoveries. If we find cancer early and treat it promptly and adequately, it can be cured. To this end the state cancer control program encourages —

- communities to provide or secure adequate physical facilities for the care of the cancer patient;

- doctors of the community to use these facilities to best advantage; and

- the people of the community to learn when, where, and how to use these facilities and professional skills that their lives might be prolonged.

Seminars for Physicians

To help the busy physician learn new methods of diagnosis and treatment, cancer seminars are conducted at least once a year. These are usually conducted by a county medical society in cooperation with the State Board of Health and the American Cancer Society who pay the expenses involved. Scientists and physicians distinguished in cancer work are invited from all over the U. S. to speak at these seminars. The next one to be held in Florida will be at Jacksonville in November of this year. Here, as in former seminars, the latest procedures in cancer control will be demonstrated and discussed.

Attendance at refresher courses or seminars is not restricted to physicians. Dentists, public health nurses, and other professional workers in the field of cancer research and public health, likewise, are given the opportunity to participate in this advanced study. By learning to recognize the symptoms of cancer these people can save many lives by referring their contacts to a physician when cancer is suspected.

CANCER SEMINARS FOR DENTISTS

The State Board of Health's Bureau of Dental Health, in cooperation with the Florida State Dental Society and the General Extension Division of the University of Florida, will conduct a Seminar on Cancer Control for the dental profession. This will be part of the three-day postgraduate dental short course to be held at the University in Gainesville June 8, 9, 10, of this year.

Immediately following the short course in Gainesville, the same program on cancer control for dentists will be given in Tampa, Miami, and Pensacola.

These postgraduate courses are a part of the general plan of the State Board of Health to supplement the efforts of the Florida State Dental Society and the University of Florida in making postgraduate education available to dentists.

Telling the People

Posters, pamphlets, motion pictures, radios, newspapers and speakers are heralding the facts about cancer. If we would pay attention to the suggestions offered and do something about them, we could do a lot toward preventing needless suffering and deaths from cancer. This information is available to everyone, but especially to school groups, civic organizations, and clubs. They

are urged to plan study programs on cancer. Help in doing so can be secured through the county health department, cancer society, or medical profession.

Cooperation Keynote in Florida Program

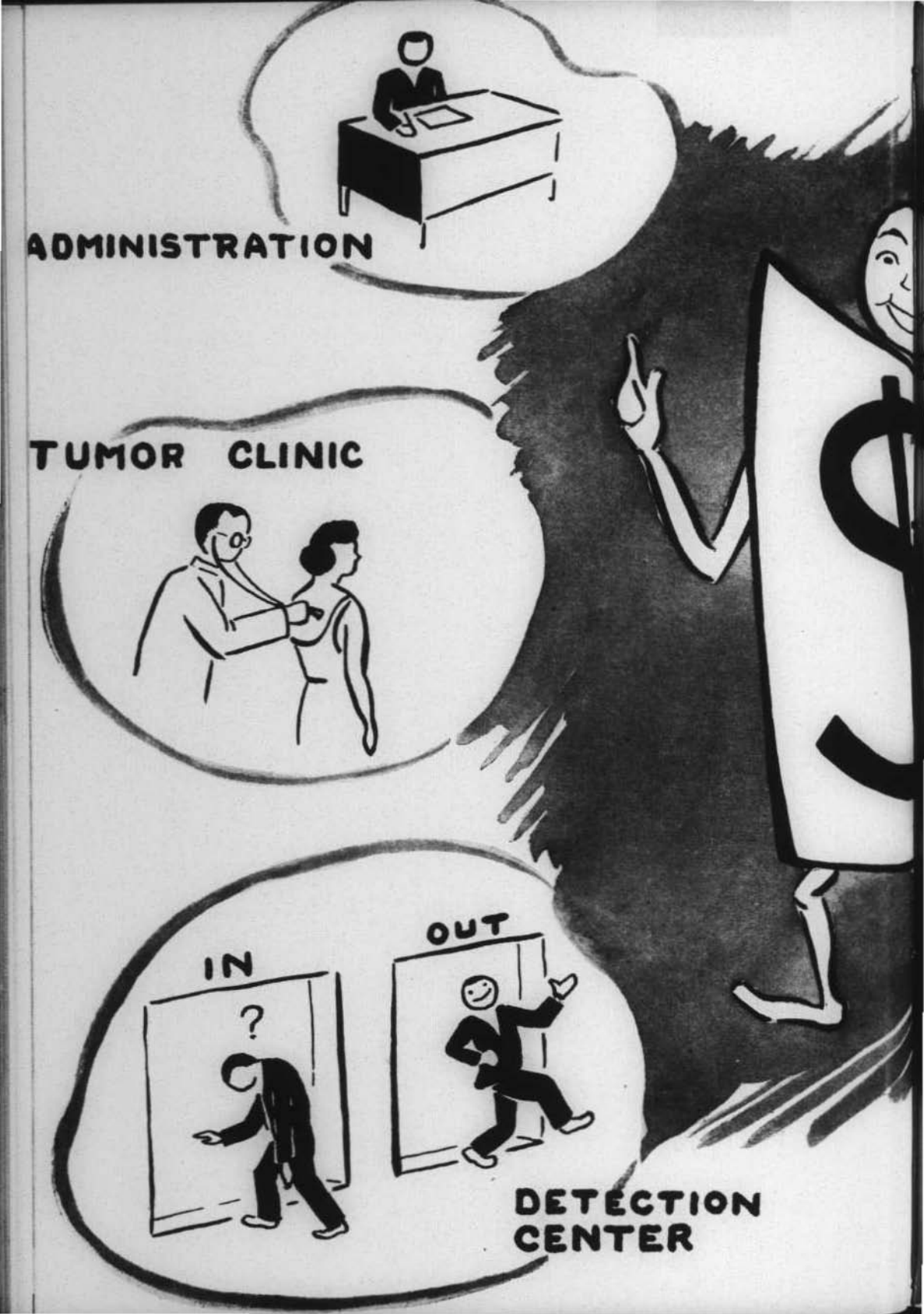
The growing success of our cancer control program is due largely to the support of state and local governments, the medical profession and the Florida Division of the American Cancer Society. So that there is no duplication of effort or expenditure of funds, the services of the program are planned carefully.

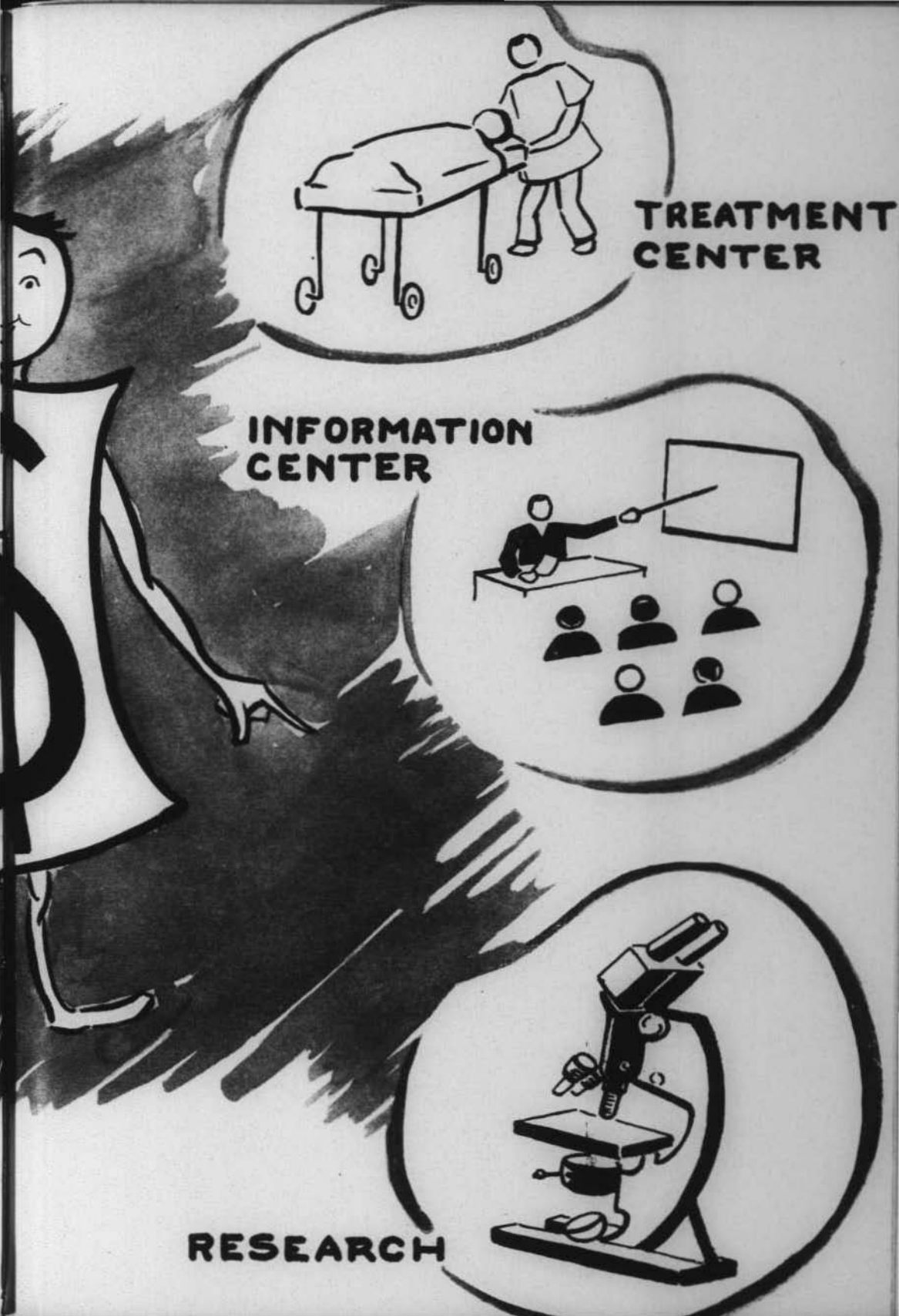
Physicians especially have been very generous with their time and services and, in most instances, they have served with very little compensation or none at all.

The Florida Division of the American Cancer Society gives assistance to the state cancer program through its local cancer units. With the use of campaign funds they —

- support information and detection centers.
- finance such items in diagnostic and treatment clinics as cannot be furnished under state and federal laws.
- furnish transportation of indigent patients to and from treatment centers.
- furnish room and board when necessary to indigent patients who require a series of treatments and are unable to commute to treatment centers.
- carry on an ever-expanding program of education among the people and physicians.
- support the national cancer research program.

Thus, generous public support of the American Cancer Society's fund-raising campaign in April means more people will receive aid in cancer control.


ADMINISTRATION
TUMOR CLINIC
IN
?
OUT
DETECTION CENTER


TREATMENT CENTER
INFORMATION CENTER
RESEARCH

EVERY DOCTOR'S OFFICE SHOULD BE A CANCER DETECTION CENTER



When asked "Do I have cancer?" the family doctor has a grave responsibility. He is the one who sees most cancer in its early stages, when it can be cured. If he is not familiar with its diagnosis and treatment, he recognizes the advantage of cooperating with other physicians in securing early and adequate care when cancer is suspected.

The cure of cancer depends largely upon early diagnosis and prompt treatment—yet the symptoms of early cancer usually are so vague and indefinite they are difficult to explain. The patient without cancer should be reassured. But the alert conscientious physician will not offer such reassurance until he himself is assured there is no possibility of cancer.

. . . YOUR RESPONSIBILITY

In spite of all that is being done to prevent it, cancer is becoming a bigger problem every year. On the average, one American dies of cancer every three minutes. It is one of the leading causes of death in the United States and in Florida.

Cancer wrecks more homes than any other disease because it kills more parents of school children than any other. It also is the most expensive of all diseases.

Unless the present trend changes, cancer will kill 17 million Americans who are living today. Yet despite all this — cancer is curable more often than any other highly fatal disease. Why then is the cancer death rate so high?

BECAUSE THERE IS —

IGNORANCE of the meaning of cancer's danger signals,

FEAR of finding cancer during a physical examination and

DELAY in visiting the doctor when cancer is suspected.
All these — ignorance, fear, delay — give cancer time to grow too far to be removed or destroyed.

WHAT CAN YOU DO ABOUT IT?

You can help by learning the danger signals of cancer listed on the next page. Watch for them. When any one of them occur, go immediately to a doctor. But remember — only a doctor can tell whether any one of them means a person really has cancer. Know what to expect from a competent doctor and follow his advice.

Beware of quacks! Many of them are practicing in Florida, despite the efforts of the State Board of Health in tracking them down. Check with the county medical society or county health department on any "doctor" who offers salves, pills, ointments, herbs and the like as a quick cure of cancer.

Cancer Is Curable

IT DEPENDS ON WHAT YOU

NOT "TOMORROW"

YOU . . .

- should watch for any persistent lumps or thickening, especially in the breast, lips, or tongue; about the neck, armpit, or groin.
- should look for any irregular bleeding or discharge from the nipple or any natural body opening.
- should look for progressive changes in the color or size of a mole, wart, or birthmark.
- should watch any sore that does not seem to be healing normally within ten days, particularly about the tongue, mouth, or lips.
- should look for white patches inside the mouth or persistent white spots on the tongue.
- should note persistent hoarseness, unexplained cough, or difficulty in swallowing that lasts more than two weeks; blood in the sputum.
- should take note when a bone develops a swelling or is the seat of a boring pain that gets worse at night.
- should note persistent and unexplained indigestion after eating or drinking, particularly if you are over forty and earlier have had little distress from food; distaste for meat.
- should note alternate periods of constipation and diarrhea with no particular change in diet to account for it; rectal bleeding.
- should take note of pain and difficulty in urinating.
- should watch for a sudden loss of weight.
- should note unexplained feeling of fatigue.

If Found Early

AND YOUR PHYSICIAN DO —

— BUT NOW!

YOUR PHYSICIAN . . .

- should examine the skin of the face, body, and extremities for scaly, bleeding warts, black moles, and unhealed scars.

- should examine the lips, tongue, cheeks, tonsils, and pharynx for persistent ulcerations, the larynx for hoarseness, and the lungs for persistent coughing.

- should examine every woman's breasts for lumps or bleeding nipples.

- should examine the subcutaneous tissue for lumps on the arms, legs, or body.

- should investigate any symptoms of persistent indigestion or difficulty in swallowing. He should palpate the abdomen.

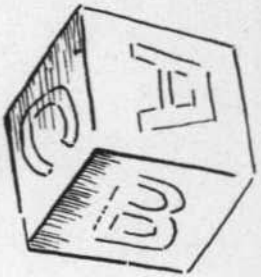
- should examine the lymphoid system for enlargement of the nodes of the neck, armpit, groin, etc.

- should examine the uterus for enlargement, lacerations, bleeding, or new growth. He should make a bimanual examination to determine the condition of the ovaries.

- should examine the rectum, and determine the cause of any bleeding or pain.

- should examine the urine microscopically for blood.

- should examine the bones and obtain an x-ray diagnosis of any bone that is the seat of a boring pain, worse at night.



WHOM DOES CANCER STRIKE? WHAT PART OF THE BODY? AT WHAT AGES?

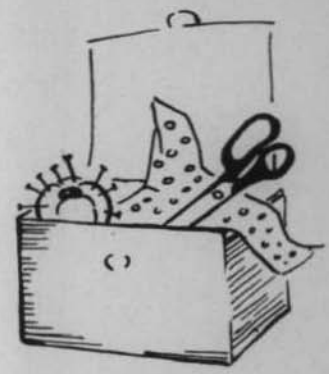
Those are questions most often asked about cancer. Records show that women fall victim to the disease more often than men. But not too many more! During 1948, for example, cancer killed approximately 99,000 women and 96,000 men in the United States. In Florida the difference between male and female deaths from cancer was only 113. Three factors combine to account for this difference: (1) there are a few more women than men in the population; (2) the female population is somewhat older on the average than the male population; and (3) the incidence of cancer is higher among females than males due primarily to the high incidence of cancer of the breast and female generative organs.

In Florida, as in the United States, cancer takes more women every year between the ages of 30 and 54 than any other disease. It takes more men proportionately after age 60.

At the top of the fatality list is cancer of the stomach, with cancer of the intestines a close second. In fact, digestive organs alone account for about 46 per cent of cancer deaths. Cancer of the uterus and breast add up to around 20 per cent of cancer deaths and cancer of the male genito-urinary tract to approximately 9 per cent. Among women who have cancer, the breast and uterus together are the most frequent sites of cancer, while cancer of the digestive tract takes its greatest toll among men.



No Age Is Free

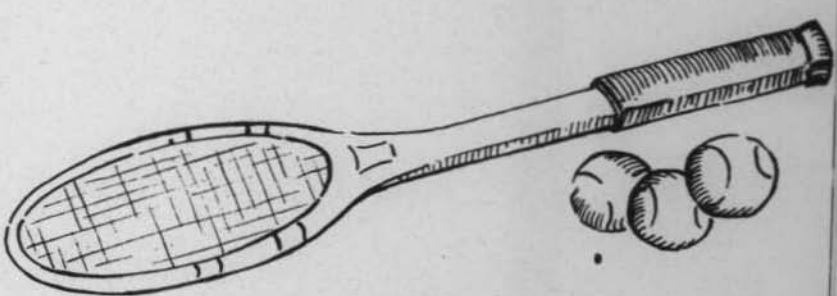


Cancer has become one of the leading causes of death among children. Today, it kills far more children than measles, diphtheria, poliomyelitis, or a number of other childhood diseases. For this reason, cancer in children should be given as much attention as is given the more commonly accepted childhood diseases.

Successful treatment of cancer in children depends largely upon early diagnosis. Thus children, as well as adults, should go to physicians regularly for a check-up. One of the greatest obstacles to early diagnosis of childhood cancer is reluctance on the part of the parent to realize that a cancer could be present in a child. Often ill-defined ailments are regarded as "growing pains" and are given little or no attention. Much valuable time then is lost before cancer is found.

Always — in children as in adults — these conditions should be investigated —

- Any unusual bleeding, lumps or growths
- sores that do not heal, or
- unexplained loss of weight.







CANCER STRIKES MEN

For various reasons many people think of cancer as a disease of women. But it isn't! As already stated, almost as many men die of cancer every year as women. Of the types common to both, cancer kills *more* men than women. This year over 1,500 men in Florida will die of cancer. Personal tragedy will result — happy families will be broken up — economic hardships will be experienced.

The tragic part of all this is that many of these deaths could be prevented if men would recognize abnormal symptoms and seek competent medical advice immediately. These symptoms bear watching and heeding —

Stomach-Intestine

Persistent discomfort after eating or drinking by men of middle-age or older who earlier in life had little distress from food. Sudden loss of weight. Distaste for meat.

Rectum

Bleeding from the rectum — hemorrhoids (piles).

Lip, Mouth, Tongue

Any sore that does not heal in two weeks — any lump, swelling or hardening. Persistent white spots on the tongue. Jagged or broken teeth may be a source of irritation to the mouth.

Prostate

Over enlargement of the prostate gland — pain — difficulty in urinating.

Skin

A sore that does not heal promptly or that gives off dry or scaly scabs — a mole, wart or lump that changes its shape or color, becomes sensitive or begins to grow.

Lungs

Persistent cough without fever or other symptoms — blood in the sputum.

Throat

Persistent hoarseness or difficulty in swallowing without other signs of a cold.

You May Not Have Cancer—

— AS WELL AS WOMEN

Cancer continues to be the chief cause of death among women between the ages of 30 and 54. In Florida 1,541 women died of cancer in 1948. One-third to one-half of these deaths were needless. They were caused by delay, ignorance or fear.



Nearly half of all cancer deaths among women result from cancers starting in the pelvic organs or the breast. Tragedy lies in the fact that 75 per cent of the deaths from cancer in these areas could have been prevented had the disease been detected and treated in time.

The danger signals are —

- irregular bleeding or discharge from the uterus (womb)
- a lump in the breast or a bleeding, scaling nipple

Such symptoms do not necessarily mean that there is cancer. As a matter of fact, most lumps in the breast are not cancers. But women can't gamble on that. They should have an examination immediately. They shouldn't wait for pain to set in. Pain is not an early, but a late symptom of cancer.

WHAT TO DO

1. See your physician six weeks after childbirth and have a careful examination to be sure there are no injuries that need correction.

2. Make a habit of examining your breasts carefully for lumps at least once a month in between periods.

3. Have a complete physical examination once a year — and once every six months while you are between the ages of 30 and 54.

But Only A Doctor Can Tell

What Should A Person Do Who Thinks He May Have Cancer?

Go to a physician at once for a thorough physical examination.

Where Can A Physician Be Found?

Ask any one of the following —

your county medical society
your county health department
your local cancer unit

Members of these organizations in any county of Florida will be glad to help you.

Suppose Cancer Is Discovered?

If cancer is found, the doctor will recommend what should be done for you. Remember — cancer can be cured if found early and treated adequately.

Is Cancer Curable Only In The Early Stages?

Yes, in the large majority of cases. At times, however, cures have been obtained after the cancers have been present for a long time. The type of cancer and where it is situated always have an important bearing on whether or not it can be cured.

Can Proper Cancer Treatment Be Given In A Small Community Or Must It Be Obtained In A Large City?

This depends entirely upon the type of cancer, the facilities for treatment in the area, and the experience of the physicians there. Each patient is a separate problem and must be treated individually.

Suppose A Person Is Unable To Pay For Treatment?

Those who have cancer which can be cured—but who cannot afford the expense of diagnosis, treatment or hospitalization —may receive aid under the state cancer program. Such cases must be investigated by the county health department or welfare board, but this does not necessarily mean a person must be "on charity."

Who Can Advise A Person With A Cancer Problem?

The family doctor, the local unit of the American Cancer Society, the county medical society, or the county health department is always willing to give advice or assistance whenever possible.

The State Board of Health

1217 PEARL STREET or P. O. BOX 210
JACKSONVILLE, FLORIDA

Hon. Fuller Warren
Governor of Florida

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Calhoun	Blountstown
Charlotte	Punta Gorda
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Jefferson	Monticello
Lafayette	Mayo
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Liberty	Bristol
Madison	Madison
Manatee	Bradenton
Marion	Ocala
Martin	Stuart
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
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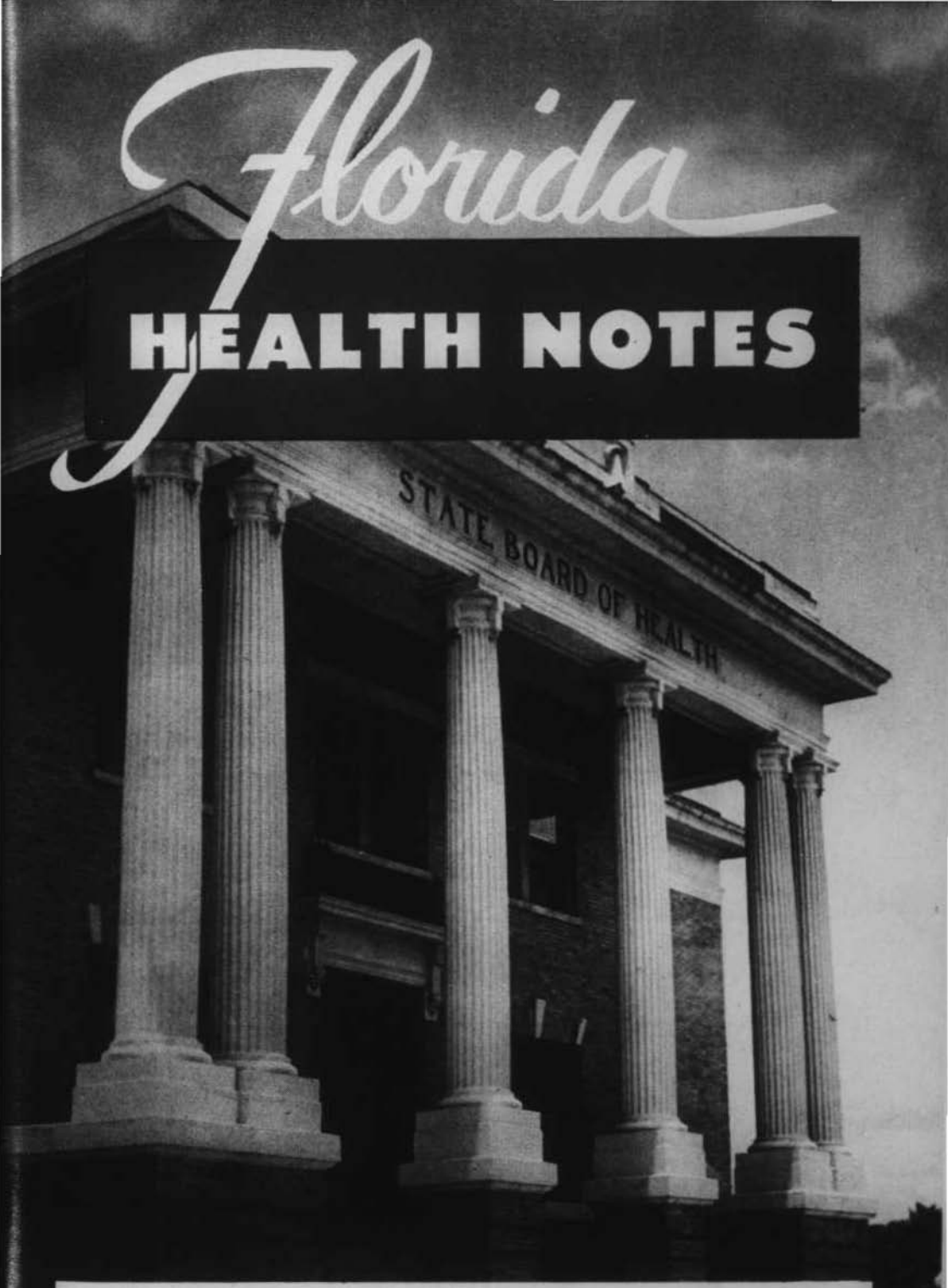
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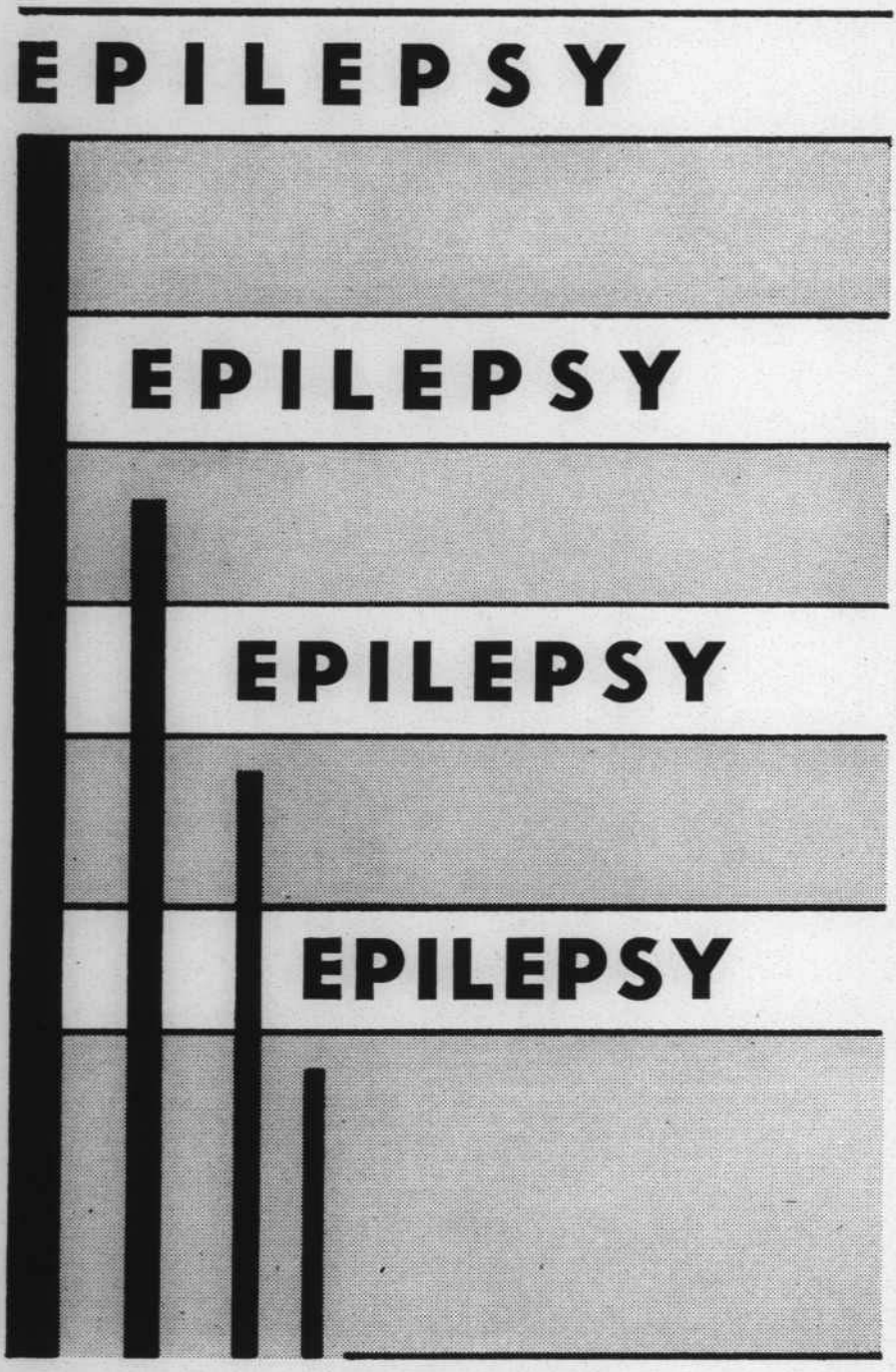
Florida HEALTH NOTES



APRIL
1950

Epilepsy - No Disgrace

Vol. 42
No. 4


EPILEPSY
EPILEPSY
EPILEPSY
EPILEPSY

One of the most misunderstood words and diseases in the world.

Credited to many who have convulsions caused by other diseases and conditions.

A disease always dreaded and often hidden by the victims.

About which the public knows so little and for which so much could be done.

There are more than 7,000 persons with Epilepsy IN FLORIDA today
(a conservative estimate)

The word epilepsy has an ugly sound to many people — too many people — because they know so little about it. It has carried its stigma for centuries. However, the modern term and actually the heading under which epilepsy rightfully comes is **convulsive disorders.**

Epilepsy is just one of many convulsive disorders.

EVERYONE WHO HAS A CONVULSION IS NOT AN EPILEPTIC !

It has been estimated that for every infant having convulsions, only one in ten is epileptic.

FOR —

Convulsions may be caused by high temperature.
Convulsions may be caused by a lack of calcium.
Convulsions may be caused by various diseases.

A very common cause of convulsions among preschool children is lead poisoning — from eating paint off furniture and toys. Although manufacturers of children's furniture and toys do not use lead paint any more, thousands of parents still paint their babies' furniture with lead-laden paint.

Injuries to the head from falling out of the crib, off bikes, and from high places may cause convulsions.

Injuries at birth may cause convulsions.

Congenital malformations of the brain (where the brain is not properly formed) may cause convulsions.

An interesting group of children have defective mechanisms for maintaining the blood sugar level in stages of fasting and develop convulsions during the early morning hours.

IF YOUR CHILD HAS A CONVULSION —

take him to your doctor and let him decide what caused the convulsion.

WHAT IS EPILEPSY?

Epilepsy is a Greek word meaning **seizure.** A seizure has been defined as a temporary loss or impairment of consciousness usually accompanied by muscular jerking or twitching.

A seizure occurs when the brain rhythm is disturbed. For example, your heart beats at a certain rhythm. When something happens to break the normal rhythm of your heart beat, trouble may develop. It's the same way with your brain. Something disturbs the normal rhythm, then trouble develops — usually in the form of a seizure. If this interference with the brain rhythm of consciousness is severe enough, there is jerking of the body or a convulsion.

TYPES

We have already stated that epilepsy is just **one type** of convulsive disorder. Under the heading of epileptic seizure are different types.

Grand mal or "great illness" is the most common epileptic seizure. This type is characterized by a loss of consciousness, falling, violent muscular jerking, and the appearance of saliva on the lips. The patient may cry out or groan, although he does not remember pain. The jerking or twitching usually lasts for a minute or so then the person may sleep heavily for hours following the attack.

Petit mal or "small illness" is the type seizure often overlooked, because it lasts only a few seconds. Characteristic of petit mal are the very brief lapses of consciousness without convulsions. The patient stares into space, appears dreamy or dopy. There may be a twitching of the eyelids or eyebrows. Then the patient resumes his activity as if nothing had happened.

Focal epilepsy (sometimes called Jacksonian) is applied to attacks starting with a localized spasm or twitching in some part of the body. The epileptic does not lose consciousness. These twitchings spread over the body in a slow and orderly manner. It is different from the more common type of epilepsy in that consciousness is usually retained.

Psychomotor is a type of attack generally brought on by an emotional or mental disturbance. During an attack, the person suffers with amnesia. He appears to be conscious but does not remember anything that happened. The psychomotor seizures may appear to be only a temper tantrum or a period of queer behavior. Criminal acts are sometimes performed when a person is having such an attack.

EPILEPSY IS NOT INSANITY

Earlier we noted that the word epilepsy is an ugly word to many people. It conjures up a mental picture of a person "having a fit" and, sadly enough, it is synonymous with words like crazy, insane, and queer in many, many minds.

One Florida psychiatrist says:

> "The theory that a person's mental abilities decrease with every seizure is rapidly being discarded by the medical profession. For it has been shown that many epileptics maintain the same I.Q. even though they have had and continue to have seizures."

Just why is it that for ages epileptics have been thought insane?

For medical science has certainly proven that —

- ★ the majority of epileptics are perfectly normal in every other way.
- ★ there are varying degrees of intelligence among epileptics, as there are among every group of people.
- ★ epilepsy is not confined to any particular race or creed.
- ★ there are epileptics in all walks of life.
- ★ many famous people in history were epileptics. To wit: Julius Caesar, Van Gogh, deMaupassant, Lord Byron.
- ★ there are many well known people in very responsible positions today who are subject to occasional seizures.

But let's get back to why there is a stigma attached to epilepsy. It started centuries ago with the superstition that a person having an epileptic seizure was possessed of the devil — or the sins of the parents were being visited on the child. People in that day clung to these ideas about the disorder simply because they had no other explanation.



Many epileptics are completely self-supporting.

Unfortunately, the age-old ideas about epilepsy have been handed down through the years so that today there are people who still hold to those old beliefs about epilepsy. They believe that there is no treatment, no cure; that epileptics are insane; that there is nothing to do with these unfortunate persons but keep them hidden away so their condition will be a secret.

Fortunately, men of medicine have thrown the old ideas about epilepsy into the trash can. As far as many of them are concerned, epilepsy is no longer primarily a medical problem but also a problem of education of the public.

ADVANCES IN MEDICINE

Drugs are now available that have aided immeasurably in the control of epilepsy with research in this field still going forward. There is also a machine called an electroencephalograph which is of tremendous help in diagnosing epilepsy. Breaking the word

down — **electro** (electric) + **encephalo** (brain) + **graph** (writing) — gives you an idea of what the device is. What the machine does is to record the electric currents given off by the brain. The doctor, by reading the lines made by the machine, is able to determine if there is anything wrong with the brain rhythm. This test is harmless to the individual. But the doctor can't make his diagnosis merely by using this device. He must go into the patient's medical history, social background and present condition.

The study of these brain waves has permitted a more accurate and rapid evaluation of the treatment given. It is to be hoped that in the future this method can be made more widely available. The State Board of Health has provided one machine for the Leon County Health Department. The University of Miami has purchased an 8-channel machine, and a private clinic in Tampa has also bought an 8-channel electroencephalograph. The State Board of Health is purchasing one for the Duval Medical Center, Jacksonville.

EDUCATION OF PUBLIC

But the big advance in medicine is not enough. There is a much bigger problem to combat and that is education of epileptics and their families to —

- ★ seek competent medical advice.
- ★ adhere to such advice and not to go chasing after every current will-o'-the-wisp cure.

The woods are all too full of "sure fire," quick-cure remedies prescribed by quacks for epilepsy — and every other ailment known to man. Many such remedies can be extremely harmful. Worse, they delay a visit to a reputable physician.

It is difficult to believe that in this enlightened age people cannot look at epilepsy as they do diabetes, tuberculosis, heart trouble and other diseases.

Diabetics aren't ashamed of their condition, nor does the public regard diabetes as a shameful disease. Yet diabetics, by seeking sound medical advice and following that advice, may live just as long and just as normally as anyone. Why not look upon epilepsy in the same light?

The answer to that might well be found in the Biblical phrase "Know the truth and the truth shall set ye free."

This young man, serving as a model, shows no fear of the electroencephalograph, a machine which aids in the diagnosis of epilepsy and other brain conditions.

All of us should educate ourselves about this problem, particularly those people who are most frequently in contact with epileptics, such as school teachers, parents, social workers, juvenile court judges, industry, and most of all — the epileptic himself.

When you stop and consider the number of people who are epileptic and the number of people whose lives the epileptic touches, then you can realize what a big educational problem it is. Remember: there are an estimated 7,000 epileptics right here in Florida today.

Here's what a Florida public health nurse has to say about it —

> "I think one of the saddest things I have ever witnessed is the epileptic child or adult in an uninformed family. For instance, you may hear of such a person

Epileptic adolescents look, act and think like this group of normal students.



through a referral from a school, factory or from a neighbor. Upon visiting the home, the relatives may flatly deny that such a condition exists or pass it off as some other condition. There seems to be a terrible stigma attached to the word 'epilepsy' in such persons' minds. Or they may feel that there is nothing to be done about it and refuse to seek medical advice; or even worse, visit quacks and invest their money in worthless treatments and harmful drugs. On the other hand, we have the well-informed and understanding relatives who courageously face the fact that a member of the family has epilepsy and proceed to intelligently deal with the situation: to seek good medical advice and to learn how to help the victim make a good adjustment — not only to the other members of the family, but also to himself and to the community."

The fact that epilepsy is an educational problem, that there is such a large number of people with the condition, and that the condition affects not just the victim but so many others — makes epilepsy a public health problem and therefore one we should all help solve.

SCHOOL PROBLEM

Teachers are in a strategic spot to help or hurt the epileptic child.

It bears repeating time and time again — many epileptics can lead normal lives if their problem is accepted and understood. This means that the majority of epileptics could and should attend school as long as they are being medically supervised and their parents, teachers and classmates understand and accept them and their condition.

Situations such as this have occurred many times: An epileptic child is placed in school by the parents. The parents do not notify the school authorities of the child's condition. One day, the child has a seizure in classroom or on the school grounds, witnessed by classmates and teacher. Teacher is horrified and is unable to think of anything to do but send the child home. The other children catch her reaction and from then on the epileptic child is shunned and termed "crazy."

From then on the epileptic doesn't have a chance to live normally within the school environment.



Epileptic children look and act like t



his group of normal boys and girls.

This creates another problem — that of behavior. The epileptic child, because he is made to feel that he is different from the other children, may display his feelings by becoming sullen, bad-tempered, shy, introverted or belligerent.

Wouldn't you think it would be a simple matter for the teacher to educate herself about epilepsy? Then pass her knowledge on to her students? And influence them to accept the epileptic child — just as they accept any other handicapped child?

Let's see what the co-ordinator of the Florida Exceptional Children's program has to say about it —

> "The child with epilepsy has the same interests, desires and problems as any other child. In addition, he is faced with the problem caused by his special health factors; the few limitations the problem imposes; the many limitations imposed on him by society because of his illness; and the limitations he imposes on himself because of his feelings of distress about a seizure and his fear of rejection by his fellows.
>
> "Because of the recent advances in medical knowledge, the door to an educational opportunity is unlocked, but it still remains unopened due to ignorance, superstition, prejudice or fear in connection with epilepsy.
>
> "How may epileptics be best given their rightful educational opportunity? There is no single pattern to follow. The plan must be based on the child's needs and on the community's facilities. Most children whose seizures are fairly well controlled or infrequent and mild may stay in the regular schoolroom. Some need a special class. In a few cases, a home teacher may be the only solution temporarily. It should be expected that the program will change according to new advances in medical treatment and the school's own experience in handling the problem."

We have no way of knowing the exact number of children with epilepsy being served by the school system of Florida. The

lags in the plans for the education of epileptic children have been related to the lack of medical information and successful treatment of the illness in the past.

Above all it is most important that the patient himself be treated and not merely the epileptic seizures. The treatment itself consists of a combination of measures. Many of the newer drugs used have been discovered in the past ten years. With the control of the seizures by the use of these forms of medication, the child may adjust to school.

PARENTS

More and more in our present day scheme of life, we find the school, church, community organizations and institutions taking the responsibility for solving many problems of our children. But with the problem of epilepsy their well-meaning efforts would be of no value without the understanding and cooperation of the parents of the epileptic child.

FIRST, LAST AND ALWAYS —

The prime responsibility for the epileptic rests with his parents.

But too many parents hide the fact that their child is an epileptic. They will not seek medical advice. Some resort to "quack cures" rather than let the fact be known that their child is epileptic. Many parents send their child to school, but fail to first inform school authorities of the child's condition. A situation may occur that permanently injures the child — emotionally — when he has a seizure in a classroom before an unprepared teacher and fellow classmates.

On the other hand, there are those parents who will not allow the child to attend school — or to participate in any form of recreation or mix with other children. He is placed in a cage with invisible bars.

They consciously or unconsciously shun the child because of his condition, and the child acutely realizes that his parents are ashamed of him.

Naturally it is impossible for physicians, schools, or any group concerned with epilepsy to help the epileptic child who is hidden away from society.

EPILEPTIC

+ UNINFORMED FAMILY.

+ INADEQUATE MEDICAL CARE.

+ PREJUDICED COMMUNITY.

= MALADJUSTED
DEPENDENT
INDIVIDUAL.

EPILEPTIC

+ INFORMED FAMILY.

+ ADEQUATE MEDICAL CARE.

+ UNDERSTANDING COMMUNITY.

= ADJUSTED
SELF-SUPPORTING
INDIVIDUAL.

So it is imperative that parents face the problem of epilepsy squarely — if they want their child to live as others.

Here's a word of encouragement from a Florida psychiatrist who has treated many cases of epilepsy —

> "Ninety-nine out of 100 epileptics can fit into a normal social pattern **if** they receive proper **diagnosis** and adequate **treatment.**"

While another Florida physician says —

> "If all children received regular checkups by their family physicians beginning at birth, many physical abnormalities, including epilepsy, might be detected in the early stages."

What happens to the epileptic child who does not receive adequate medical care, who is shunned by other children, disregarded by his family, and looked upon with distaste by the school authorities if he does attend school?

Most certainly that child will develop an "epileptic" personality. He will feel keenly that he is not a part of the world around him, that he is different. And not only will his feeling of being different cause his condition to become worse, it may also create many behavior problems, some of which eventually get him in trouble with "the law."

Therefore it is necessary for juvenile judges and social workers to understand epilepsy and know how to handle the epileptic child who is referred to them.

If the judge don't understand the underlying organic cause of the child's behavior, the steps he takes to correct the situation may be extremely harmful to the child. Social workers can be of great service by studying the emotional and environmental situation of the epileptic child brought to their attention.

One social worker, who aided in an environmental study of a number of epileptic children, said —

> "It was found that when the child was taken from an environment where there was an emotional situation and placed in another environment, the seizures began lessening in intensity and number until they disappeared almost entirely."

He cited the case of a child who at the age of six was having grand mal seizures at the rate of 40 a day. The child's mother was dead and the father had deserted the family, leaving an older sister to take care of the boy. She unconsciously disliked the child. The boy was removed from this environment until his seizures stopped almost entirely. Now at the age of 16 he is working and has not had a seizure for more than a year.

AN EXPERT SPEAKS

"Modern medicine has started paying a debt which was long overdue. It is bringing new hope to persons suffering from epilepsy, who for many centuries until very recently have been surrounded by a mixture of ignorance, superstition, and utter neglect. The label of epilepsy or falling sickness was enough to exclude people from schools, to deny them opportunities for gaining a livelihood, and to treat them as social outcasts. Science has learned to control epileptic seizures, to recognize and treat the illness at the earliest possible time, and to remedy the emotional conflicts arising from the illness. But science can do little unless it is supported by society, which must be helped to understand the condition, to abandon a medieval attitude of horror or shoulder-shrugging indifference, and to open its facilities to a large group of people who can become useful and productive citizens. Our generation has been blessed with a chance to correct the injustice done through the ages to a sizable portion of the human race, a portion which today in our country approximates a million souls. This blessing brings with it a solemn obligation."

Dr. Leo Kanner,

Professor of Child Psychiatry,

Johns Hopkins Medical School,

Baltimore, Maryland.



Epileptics often can and should be employed.

INDUSTRY

Most epileptics can and should work. Many of them are working at varied jobs. However, here again we find a problem, for many employers will not hire a person who is a known epileptic. Of course, in certain types of industry it would not be safe for the public or the epileptic to be employed. It is obvious why an epileptic should not operate an elevator, industrial machinery or fly a plane. But as one doctor points out, there are many, many other types of work an epileptic can do without hurting himself or anyone else.

BY-LAWS OF THE CHILDREN'S HOME SOCIETY OF FLORIDA

ARTICLE IX

Care of Children

"Section 1. The State Superintendent shall pass upon all applications to the Society before accepting any child or children into the Society, and shall secure as full information as possible pertaining to the history, parentage, health, mental and physical condition of such child or children, and record same on the printed blanks of the Society. Before accepting any child on behalf of the Society, he shall cause it to be examined by a physician of the Society. **If there is definite family history of feeble-mindedness, epilepsy or hereditary insanity in respect to any child being considered as a ward of the Society, such child shall not be received as a permanent legal ward unless and until such child shall first be examined by a Special Committee composed of one social worker of the Society, one pediatrician and one psychiatrist or psychologist and shall be recommended as eligible for adoption by the unanimous written report of that committee with the approval of the chief of the medical staff of the Society, and said committee report, together with the family history considered by the committee, shall be fully disclosed to the prospective adoptive parents of such child before placement.** The Society may, however, accept for temporary care any child needing its aid and care."

The State Director of Vocational Rehabilitation in Florida says:

"Reports from our district offices indicate that we were giving services January 31, 1950, to 84 persons vocationally handicapped by epilepsy . . .

"It is obvious that good counselling services are of great importance throughout the course of rehabilitation given epileptics. These must be continued over a considerable period of time if the patient is to become established in employment. It is also obvious that this counselling requires teamwork between the medical specialist, the vocational rehabilitation counselor and the patient. The patient's family also must be given an understanding of the patient's problems and his needs.

"Some of the most serious problems we encounter in the vocational rehabilitation of epileptics are:

1. The deep seated well known prejudices on epilepsy. They are destructive of the patient's morale and keep him from obtaining many of the ordinary opportunities for adequate development of personal qualities as well as skills required for success in life.

2. The lack of enough physicians who are deeply interested in epilepsy and well qualified to treat epileptic patients. It is often necessary to wait several weeks for an examination by a specialist.

3. Absence of suitable centers with clinical facilities and personnel to diagnose and treat epileptics and to teach them the necessary procedures and routines by which they must live.

"I am glad to know that the State Board of Health is giving special attention to this important health problem."

THE PROBLEM IN FLORIDA

People do not generally realize that epilepsy is a big problem in Florida. Since approximately one-half of all epilepsies begin in childhood, then that is where we should begin in attempting to help them. School teachers must know all the community resources available for these children. The adjustment of the epileptic child to the school depends on his mental ability. Children should be prepared for occupations which are not too hazardous and yet are in keeping with their intellectual capacity.

Florida has utterly neglected the important question of the hospital care of epileptic children. Thirty-five percent of the total load carried by the Florida Farm Colony are epileptics. Anti-social acts land others in correctional places.

THE PROPOSED SOLUTION IN FLORIDA

1. A program for the education of the public: Institutes on Epilepsy in Miami and Tampa. They will be conducted by the authorities who have been in the forefront of all recent enterprises which have these aims as their basis. These institutes will be conducted in Tampa on April 10th and 11th, and in Miami on April 13th and 14th. **They will be attended by educators, school teachers, supervisors and principals, personnel supervisors, Vocational Rehabilitation personnel, social workers, personnel from the mental health clinics, public health nurses, institutional nurses, parents and physicians.** The institute in Miami will occur at the same time as the meeting of the Florida Education Association. One general session of the F.E.A. will be devoted to the problems of the epileptic.
2. Provision of electroencephalographs at strategic locations throughout the State. During the past six months, four new electroencephalographs have been purchased in Florida, (Miami, Tampa, Tallahassee and Jacksonville). The study of the brain waves adds valuable information in regard to the type of disease. This information can furnish aid to the physician, enabling him to determine the preferred type of treatment in any given case.
3. Provision of training for two technicians to make these highly specialized brain wave tracings.
4. The factors which must be considered in the total plan for the epileptic are: proper treatment; correct diet; adequate education—of himself and the public; vocational training for useful occupations outside of, or within, a colony for epileptics.

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For most children with

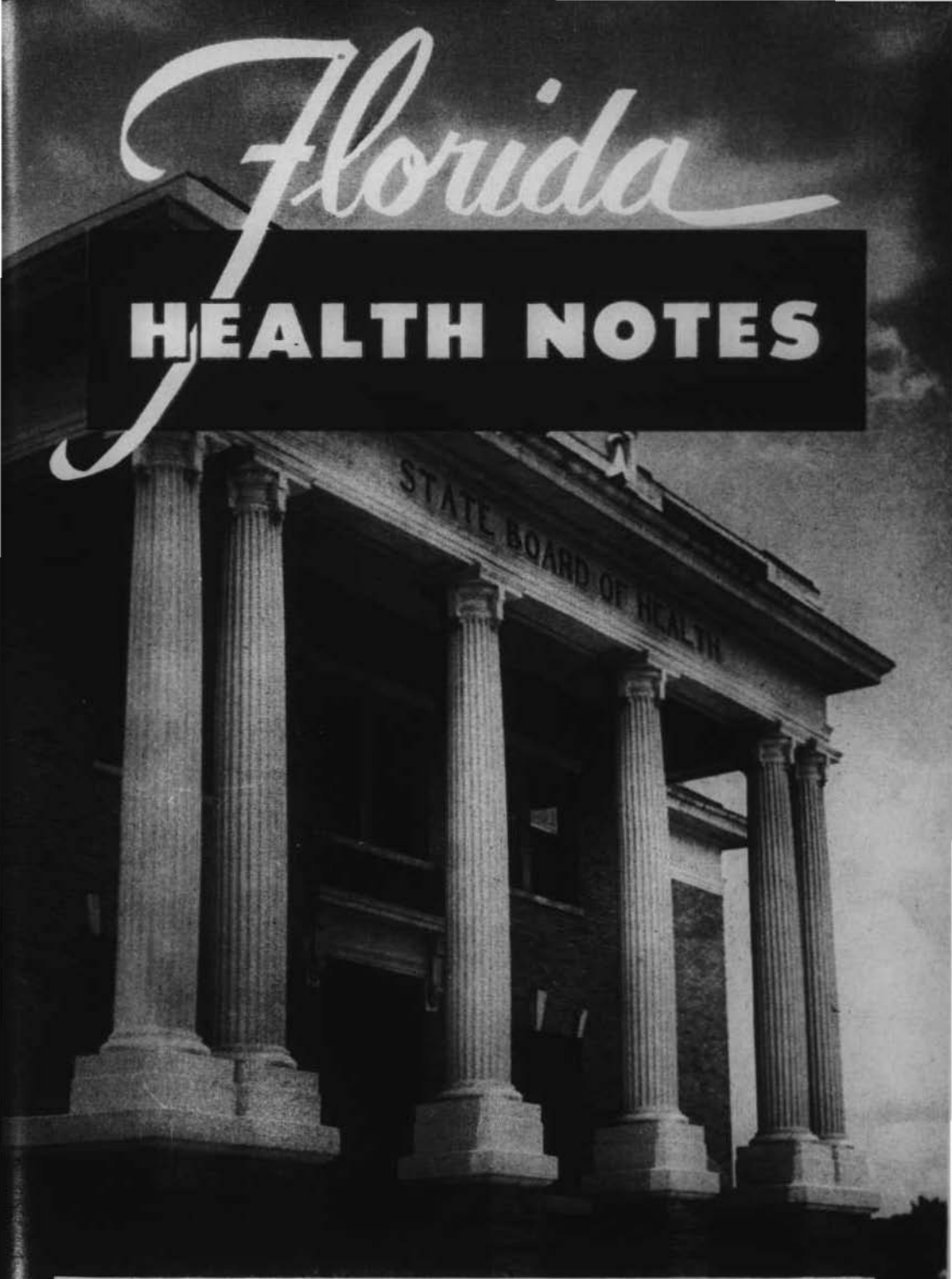
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Florida HEALTH NOTES

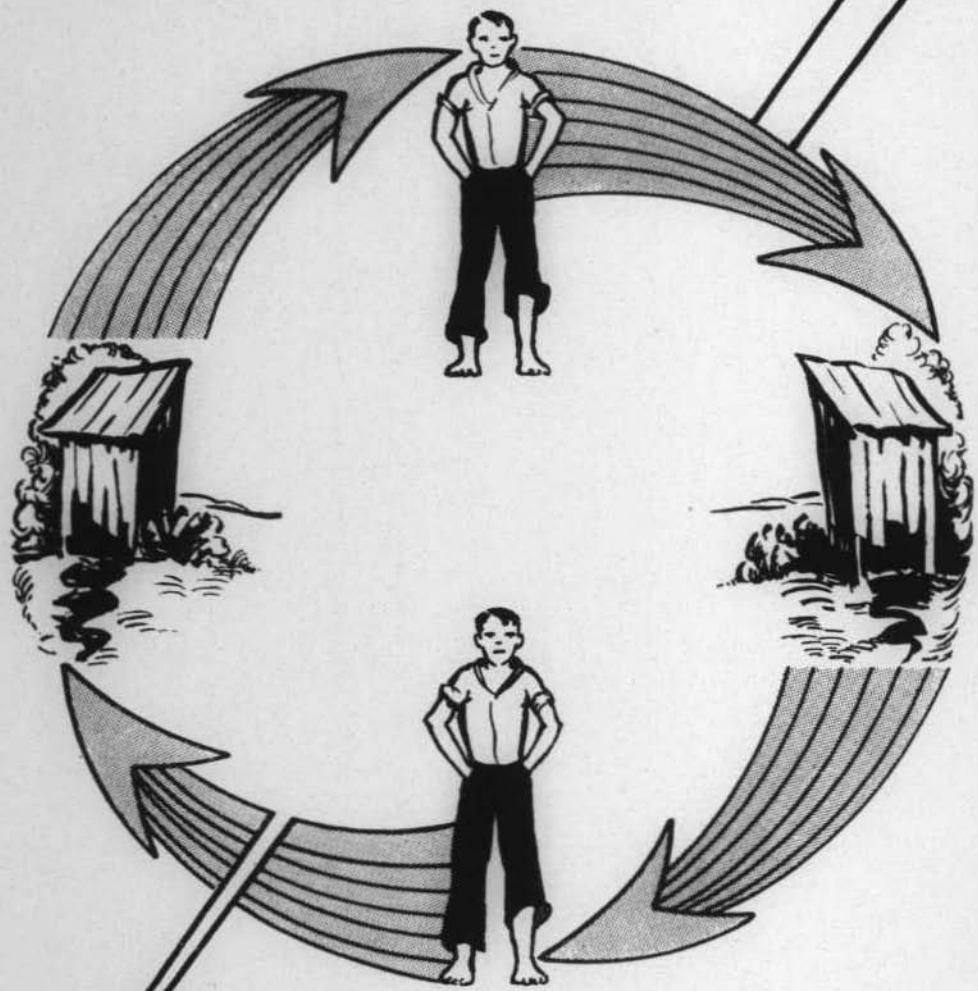


MAY 1950

Vol. 42 No. 5

THE ENEMY WITHIN

MAN INFECTS THE EARTH
THE EARTH INFECTS MAN



BREAK THE CIRCLE
OF HOOKWORM INFECTION

INTESTINAL PARASITES

The child who sits all day at school with his head on his desk— his mind dulled;

The farmer who just can't keep his farm going because he's always so tired;

The mother who can't care properly for her children because she's always so run-down;

The little child whose freckles stand out on his too pale skin as his belly swells —

All these and many others, too, may be victims of a common infection in Florida — intestinal parasites, or as they are more commonly known — WORMS.

It's not a particularly pleasant subject to discuss but we must know more about intestinal parasites in order to fight them. With knowledge comes the ability to deal intelligently with this great foe of our people.

We still have worms in the south — and in Florida, too. The plight of the southern tenant farmer and share cropper might be, in part, laid to intestinal parasites. For how can a man plow and care for his livestock when he's operating at only fifty percent efficiency? If you had a piece of machinery and it was only turning out half as much work as you thought it should, you'd investigate it, wouldn't you? So let's see what happens to people who have worms — and in particular, hookworms. Later on in this issue of HEALTH NOTES we'll discuss other worms, too. But hookworms are the intestinal parasites that are most widespread in Florida, and, therefore, the ones that do the most damage.

If you were to ride out in the country on a Sunday afternoon and look around at the local farms you could almost pick out those in which the family had hookworm. They would be run-down, poorly cultivated, and nonproducing. For a man can't work who doesn't have enough blood in his body to keep him going. Man and hookworm and the earth: they combine to make a circle; for man receives hookworm from the earth, returns it to the earth and thereby infects another — as we shall see as we read on.

DO WE HAVE MUCH HOOKWORM IN FLORIDA?

Indeed we do. It is estimated today that one-half of our rural people have some hookworms in their bodies. A lower percentage exists in our cities. This figure is taken from a survey made in 1947. Ten years previously, when a large survey was made, we had approximately the same amount — though today the "worm burden" is less.

WHAT'S THAT, PLEASE?

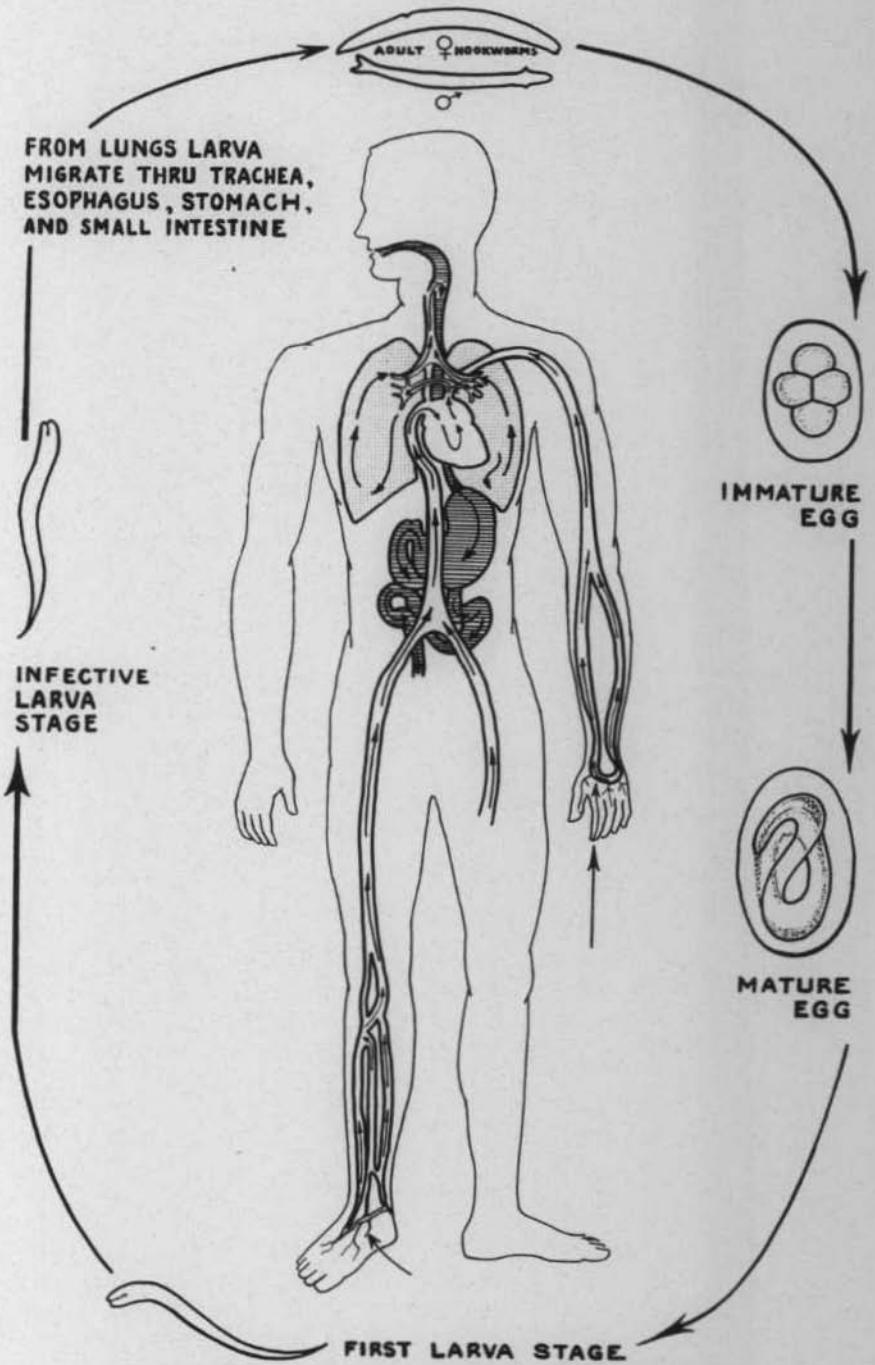
There are many different intensities of hookworm infection. Even a few hookworms may keep you from having the best of health. If you have many and don't get rid of them, they may make you very sick.

HOW DO THEY DO THAT?

To show you how hookworms get in your body, let's take an everyday example. Johnny Jones has been staying with some cousins over in a neighboring county. They had only an open-back privy and Johnny went barefooted. He contracted hookworm. Later, he came home and used the Jones' privy — which was an open-back one, too. His stool, which was loaded with hookworm eggs, was passed into the privy. The rain came and some of the stool was washed out on the surface of the ground. Along came little Joe, barefooted, and he walked over the ground where the eggs had hatched out into larvae — the first stage of the hookworms. These little larvae entered the skin between little Joe's toes and in the tender places on the bottom of his feet. His mother saw the places where the larvae had gone — and said, "Why, you have the ground itch." So, she put some salve on it and the places cleared up.

WHY DID HIS GROUND ITCH CLEAR UP?

Because the larvae hadn't stayed in the skin. They had gone on into the blood stream which carried them to the lungs. After they stayed in the lungs a while, they gradually made their way into Joe's windpipe. He coughed, and without knowing it, brought up some of these larvae into his throat and swallowed them. The larvae went down into the stomach and on into the small intestine. Here they became full-grown worms and "hooked" themselves onto the lining of the small intestine where they sucked blood all day long.



THE LIFE CYCLE OF THE HOOKWORM
AND HOW IT TRAVELS THROUGH MAN

WHAT DO THEY LOOK LIKE, ANYWAY?

They are small and whitish in color and are just a little larger than an eyelash. You never see them in a stool if you just examine it with the naked eye. They're too small.

HOW DO YOU KNOW IF YOU HAVE THEM?

The only way to find out is to send a sample of the stool — a specimen — in a small container to a laboratory. Here trained technicians examine small parts of the stool. Actually, they do not look for the hookworms themselves, but rather for the eggs, many of which are passed daily.

THERE MUST BE SOMETHING YOU CAN TAKE FOR THEM

Indeed there is. There are drugs which can be taken. The most effective one is called tetrachloroethylene and can only be bought with a doctor's prescription and should only be taken under a doctor's supervision.

HOW IS IT TAKEN?

Usually, only a light supper is eaten the night before. The next morning, no food is eaten, the drug is given and in a specified time, a saline purgative, like Epsom salts, is given. After a certain time, light, soft food may be eaten. The amount of the drug and purgative is prescribed by the doctor. In some instances, the county health department may give the treatment, especially in remote rural areas.

DOES THAT GET RID OF ALL THE HOOKWORMS?

Not always. In order to find out, several other stool specimens should be examined to make sure. If the person still has hookworms, then another treatment may be given. Not many persons have to take a second dose of the drug.

WHAT HAPPENS IF YOU DO NOT TAKE THE PRESCRIBED TREATMENT?

Sometimes nothing. The body may get rid of the worms by itself, especially if you don't get reinfected right away. However, there are many people who may be listless, undersized, and not too smart — just because they're full of hookworms. Children have died of the infection. A person may also be pale and sallow and have dry skin. In advanced cases in children swelling of the legs and feet, and "pot belly" are common.

BUT THAT ISN'T ALL

If you have had hookworm very long you may possibly be anemic. So you have to eat foods that are rich in iron and other minerals and vitamins, such as well-cooked liver and lean meat, eggs and milk, citrus fruits and green leafy vegetables.

You can see how much trouble it is to get rid of hookworms and what they can do to you. So let's talk about how to prevent getting them. First of all, **always wear shoes** or some kind of a sole on the bottoms of the feet. That way you will help keep the larvae out of your feet and from getting into the blood stream. But far more important, is **good waste disposal.** By that we mean: to have a sanitary toilet. If you have running water and live in a city, you will probably have an indoor toilet and be connected with a sewerage system. If you live in the country and have running water, you will be able to have a septic tank. If you do not have running water, you can always have a sanitary pit privy which will prevent the stool from washing out on top of the ground.

NEW SCHOOLS FOR OLD PUPILS

Recently the Veterans On-the-Farm-Training program, the State Board of Health and the county health departments cooperated in septic tank construction schools that were held over the state. These schools were conducted in Wauchula, Plant City, Groveland, Ocala, Monticello, Madison and Alachua.

The purpose of the schools was to teach the vocational agricultural teachers and other interested persons in rural areas how to build an approved septic tank. More and more people have running water in their homes and indoor toilets are much to be preferred to outdoor toilets. But too many people are still building cesspools which are dangerous and insanitary.

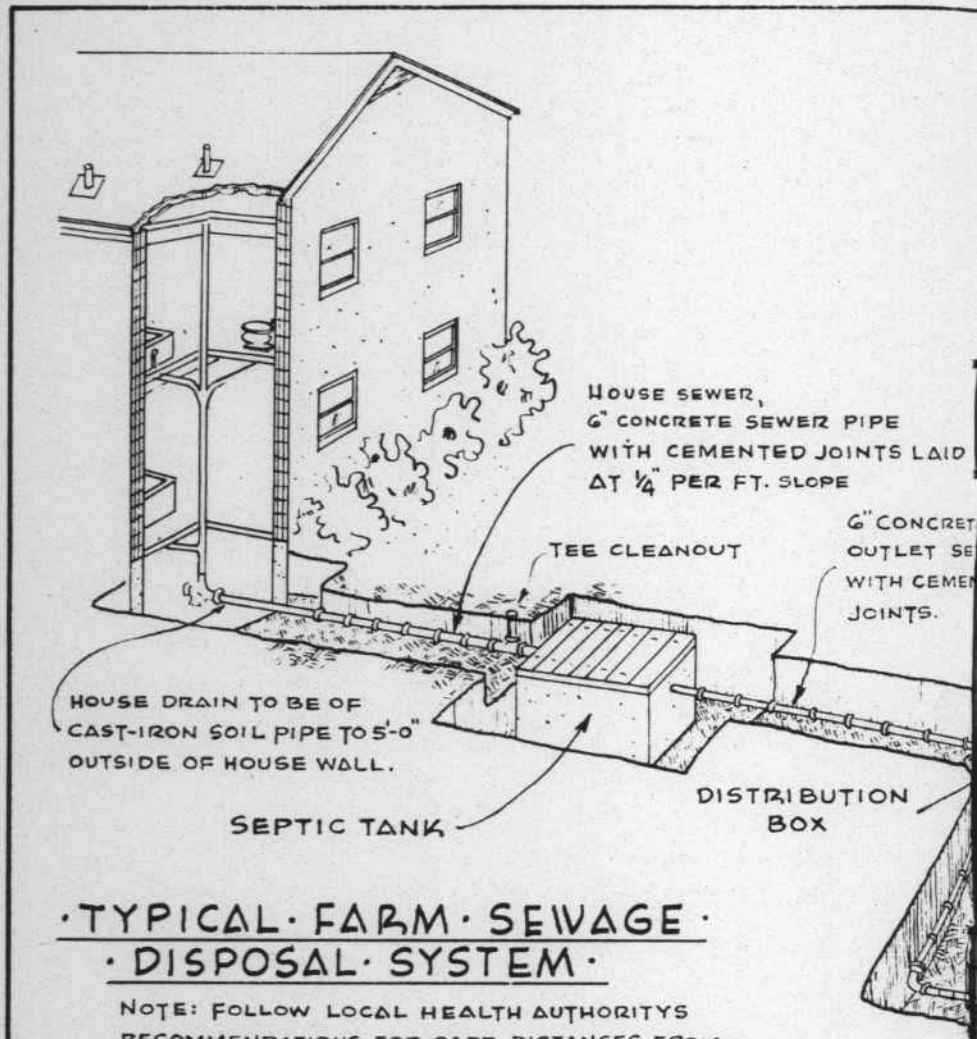
YOU'D BE SURPRISED

The funny thing is that a lot of people just don't like to use any kind of a sanitary toilet. They may have one and prefer to go out in the bushes. There even used to be a few remote rural schools that did not have any kind of privy. But today every school in Florida has some kind of toilet facility for its children. True, some of them could be better, but nevertheless they are there.

WHAT CAN BE DONE?

Suppose that you know that there is lots of hookworm in your school. If it is in your school, it is in your community, because

TEXT MAY BE LOST DUE TO TIGHT BINDING.



·TYPICAL·FARM·SEWAGE·
·DISPOSAL·SYSTEM·

NOTE: FOLLOW LOCAL HEALTH AUTHORITYS RECOMMENDATIONS FOR SAFE DISTANCES FROM DISPOSAL SYSTEM TO WATER SUPPLY INSTALLATIONS. NO PART OF SEPTIC TANK OR DRAIN FIELD SHALL BE LOCATED WITHIN 50 FEET OF WATER WELL OR WATER CISTERN.

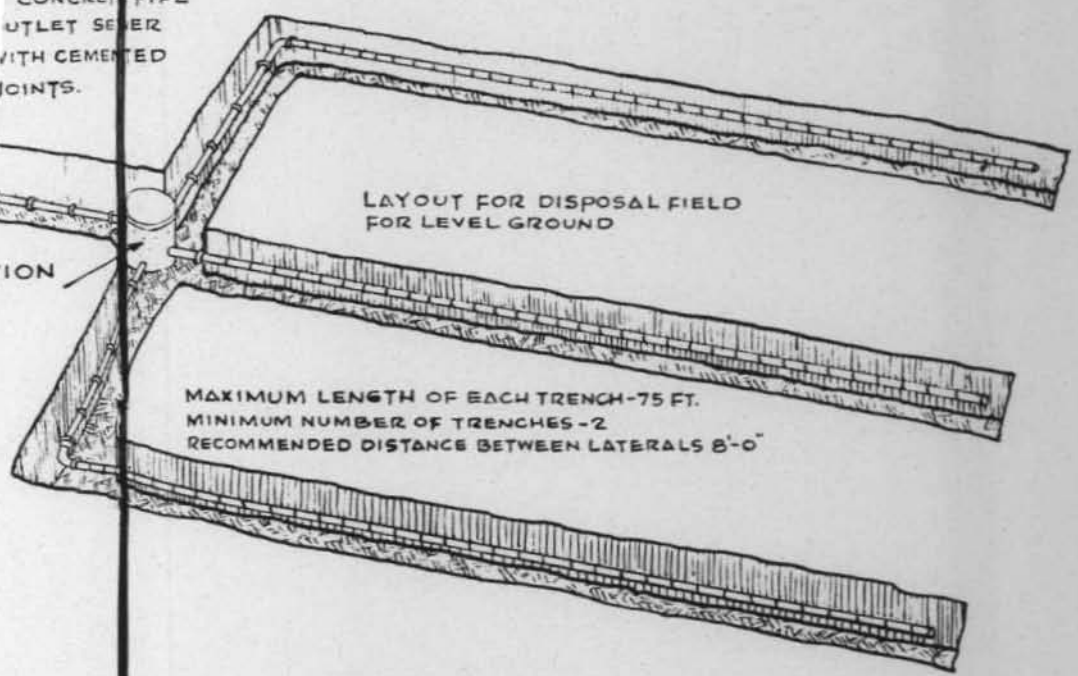
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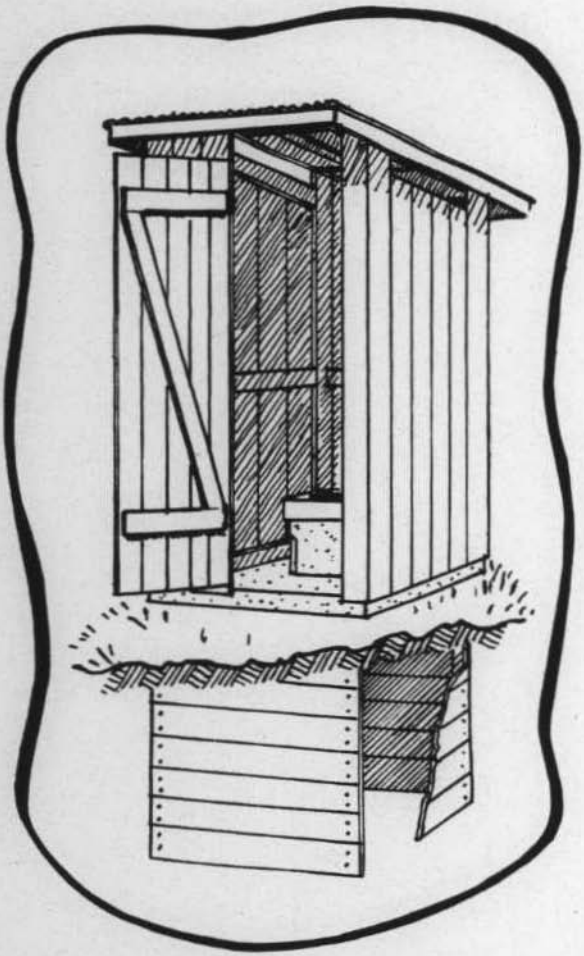
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FLORIDA STATE BOARD OF HEALTH

PREPARED FOR THE
INSTITUTIONAL ON-THE-FARM TRAINING PROGRAM

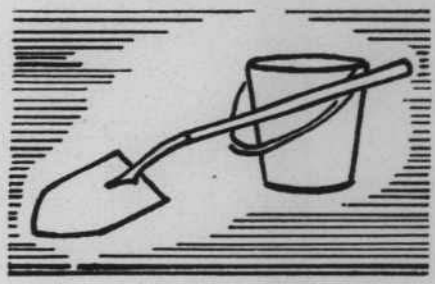




people will have it who don't go to school, such as parents and young children.

Any community can get rid of hookworm, if it really wants to. Your county health department can help you, but the desire to get rid of them must come from the people themselves. First of all, you will want to have some kind of a school or community health council. These should be a group of people who are really interested in the health of everybody who lives in your area. They should plan with the local health officer and sanitarian and public health nurse what can be done to get rid of hookworms. In order to tackle a problem you have to know what it is and where it exists. So surveys should be done to find out how many people have hookworm. A survey should also be made to determine

which homes have poor sanitary facilities. Meetings must be held to acquaint everyone with the facts. The sanitarian will tell how to improve sanitary facilities. The teacher will help the students learn about how hookworms are acquired. The public health nurse will explain the disease to mothers at home. There are dozens of ways that a hookworm control campaign can be put over. There is no single pattern. Every community is different and you must sit down with your friends and neighbors and with the advice of your county health department personnel work out your own salvation.



DON'T BE SURPRISED

By the way, we have been saying that rural people have hookworm but people who live in cities also have them. Remember last summer when you stayed with grandma out on the farm? You may have brought home hookworms then. Or maybe you live in a new development on the edge of town where the sanitary facilities aren't very good.

Incidentally, you can get hookworms between the fingers, as well as between the toes. But toes are the most popular spot with hookworms.

There is another question, too, that people like to ask about and that is: as you grow older, don't you tend to get rid of hookworms? The answer to that is: yes, but in the meantime you may have been prevented from obtaining your full growth, full strength and the mental ability that you should have as an adult.

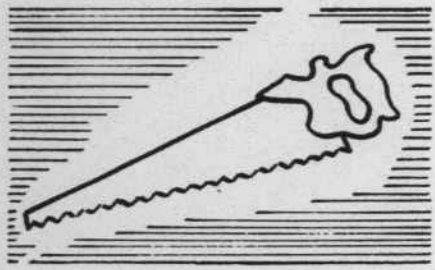
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ASCARIS

There are other worms besides hookworms. One of the most common in Florida is ascaris or common round worms. They also are known as stomach worms. They are large, white worms and can easily be seen in the stool. Occasionally they are vomited.

Ascaris is not contracted like hookworm. The eggs are passed in the stool and then are carried to the mouth on either food or water. They then pass to the small intestine where they begin to grow.

In order to prevent the spread of ascaris, everyone must always wash their hands after going to the stool. For this is the way the



germs are spread: a person goes to the bathroom, has a stool, does not wash his hands, comes back, handles food that other people eat, transfers ascaris eggs to this food: and pesto! The ones who eat the food become infected with ascaris.

A very dirty habit you say —and one that rarely happens? You are mistaken. There are lots of people with ascaris in Florida today.

There are drugs that can be given by a physician to get rid of these worms. Good sanitary habits will prevent infection.

COMPLICATION

Quite frequently children will have both hookworm and ascaris at the same time. This complicates treatment, for much care must be taken as to the type of treatment given. Drug for one of the worms may be dangerous to take in the presence of a second type of parasite. Patent medicine "vermifuges" should never be taken. Consult your physician or your county health department.

• • •

PINWORMS

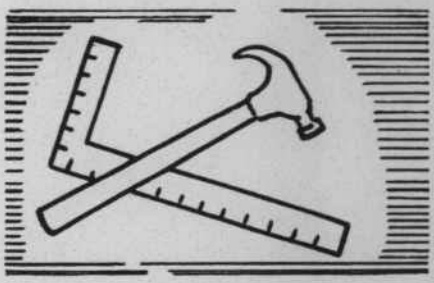
Many persons have written to us to inquire about pinworms. This infection is found usually in children, though adults may have it too. The worms usually leave the body at night and cause intense itching, especially around the rectum. Scratching — to stop the itching — usually results in pinworm eggs getting on the hand or under the nails. When the infected person handles food, the eggs are transferred to the food. Thus infection occurs. Eggs may also be left on night clothes and bed linens and in this way may be conveyed to the person handling them.

Pinworms are very annoying because of the intense itching that they produce. It may result in loss of sleep and cause nervousness. Various drugs and enemas are recommended by physicians.

Persons who have this intestinal parasite must observe rigid personal cleanliness. Underwear, night clothes and bedding should be properly laundered to insure the destruction of eggs.

• • •

TAPEWORM



There are several different kinds of tapeworms, but the most common one found in southern United States in man is the dwarf tapeworm.

It is passed from man to man by the hand-to-mouth method; that is, a person having the disease, goes to stool, does not wash his hands; the eggs are on his hands, which he transfers to food eaten by others. The eggs develop into mature worms in the intestine and fasten themselves to the intestinal wall.

A tapeworm has a head, neck and a ribbon-like body, divided into segments. As it grows, new segments are formed, while the hindmost segments, containing the eggs, are thrown off. They may cause symptoms within a few weeks after the tapeworm eggs have been swallowed. People who have a tapeworm usually have very big appetites and alternately are constipated and have diarrhea. Pains in the abdomen, indigestion, nausea and vomiting are also signs of the infection.

The presence of tapeworm is usually known by seeing segments passed in the stool. In the laboratory the technician examines a specimen of the stool for eggs.

There are several drugs which are successfully used to treat tapeworm. Of course, they should only be taken under the direct supervision of a physician.

There are three additional types of tapeworm, all of which are acquired through eating infected beef, pork or fish, which has not been cooked adequately. The eggs are eaten by the animal or fish and the worm develops and lodges in the muscle of the animal. These worms are easily detected when the animal is slaughtered. Adequate meat inspection would prevent such meat being sold. **Always look for the inspection stamp on all meat you buy.**

• • •

TRICHINOSIS

It is estimated that anywhere from five to sixteen percent of our population have acquired some of these worms. Whatever is the correct figure, it still runs into the millions.

Adequate cooking kills these worms but if infected meat or fish is eaten "rare" the worms will remain alive and develop in the human intestine.

This parasite comes usually from hogs. Human beings contract it by eating raw or improperly cooked pork, which had the worms at the time the hog was slaughtered. (These worms are usually encased in capsules, which is the reason for thoroughly

cooking the meat — to get through this covering). The worms enter the stomach where they escape from their capsules and enter the intestines.

The females burrow into the intestinal walls. There they give off larvae which pass into the lymph system — which parallels our blood system, but carries a colorless fluid which nourishes our body. They are then carried to the heart. From the heart they go to all parts of the body. Their favorite lodging place is in the muscles.

Trichinosis can produce slight or severe illness. It depends on whether you receive a few or many worms from the pork which you ate. Sometimes the person never knows that he has it. Other times, it may cause serious illness and even death.

There is no specific drug, as yet, known to cure trichinosis. Various drugs have been used.

Trichinosis is much more easily prevented than cured. Ways by which public health officials have suggested it might be controlled are: all garbage used as food for hogs should be cooked. In the meantime, housewives can protect their families and restaurant cooks their patrons by cooking all pork products until the pink tinge is gone. In short, thoroughly and adequately cooking that meat which comes from hogs. Rats are carriers of the disease, too, in that they often inhabit places where garbage is dumped for hogs. They eat pork scraps which are infected and are in turn infected themselves. In turn, non-infected hogs may eat the rats and become carriers of trichinosis.

• • •

DOG AND CAT HOOKWORMS

There is another strain of hookworm that does damage to man. Dog and cat hookworm do not go into the inner body of man but they do produce a skin disease known as creeping eruption (larva migrans). When the dogs or cats who have this particular type of hookworm soil the ground where a human being plays or works, some of the larvae (the first stage of the hookworm) enter the skin, making a reddish blister at the point of entrance. These larvae move between the layers of the skin — sometimes as much as two or three inches a day — and produce a reddened pathway. This itches a great deal and often when it is scratched, it becomes infected.

Creeping eruption is very common in Florida and quite difficult to cure. Most physicians treat this condition by freezing the diseased spot.

The best way to prevent creeping eruption is to keep dogs and cats off beaches and out of public parks; eliminate hookworm in pets; control stray animals; and see that the grounds around your home are kept clean and sanitary.

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HN 5-46

JUST

20 HOOKWORMS

in the body of a child

will remove the same

amount of blood

IN ONE MONTH

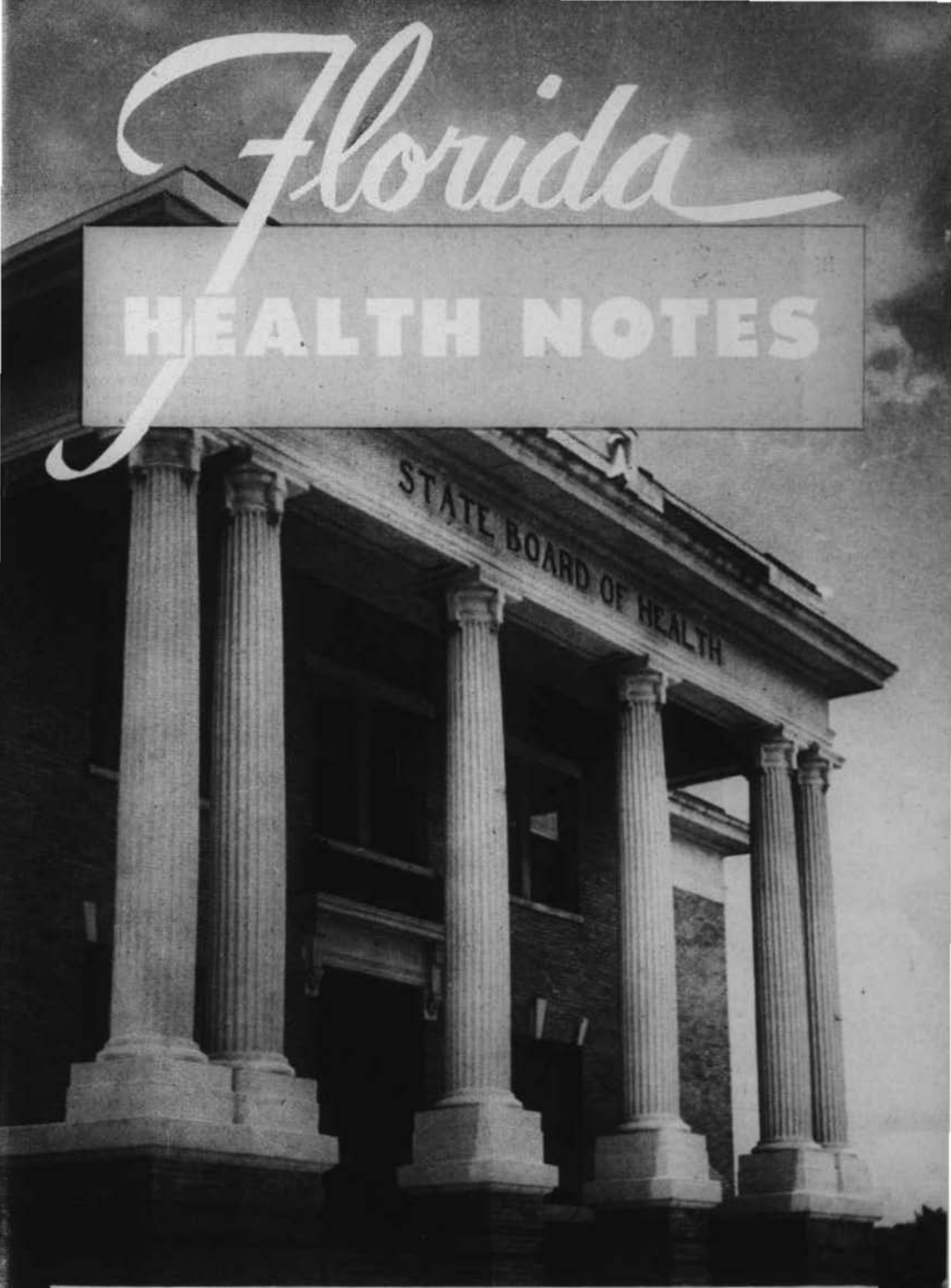
as might be given

in a small

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transfusion

Florida HEALTH NOTES



JUNE 1950

SANITARIANS SERVE

Vol. 42 No. 6



IN THE OFFICE—Sanitarian Valda Robbins talks over a knotty problem with his superior, Dr. Frank L. Quillman, director of the Seminole County Health unit.



IN THE FIELD—The State Board of Health has some definite rules regarding septic tank installation, so Sanatarian Robbins sees that it is done right with an on-the-job inspection.

foreword

The story of Sanitarian Valda Robbins, of the Seminole County Health Unit, has not been told primarily to state his particular problems or extol his virtues. Mr. Robbins has merely been good enough to allow us to use him as a medium for a HEALTH NOTES issue on the many aspects of sanitation. There are numerous other sanitarians in the State of Florida whose story we might have told (see list in back of issue). Mr. Robbins, as fate would have it, was our choice.

This issue, besides giving you a "Portrait of a Sanitarian" may give you a better appreciation of your local sanitarian, your local health department, and may interest you or someone you know, in entering the field of public health in general and sanitation in particular. Florida must have qualified public health personnel.

"you don't take chances in this business"

To the casual observer, the severed calf's head, lying on the veterinarian's examining room table may have looked a little unusual, but certainly not frightening. It was more messy than murderous, still draining blood after its recent amputation. But to men who knew something of that calf's history and of its frenzied death only a few hours before, that head was a matter of considerable concern. There was no definite proof, but evidence indicated that the animal **MAY** have died of rabies.

The word "may" is fittingly emphasized. If rabies was responsible for the calf's death, it meant considerable extra work for Valda Robbins, sanitarian of the Seminole County Health Unit with headquarters at Sanford, Fla. It meant the worrisome task of rounding up every dog that might have been in that calf's vicinity for a specified number of days, and impounding the canines for observation to determine if they had rabies. And the only way to be sure that rabies was to blame for the calf's death was to have the calf's brain examined in a laboratory for evidence of the infection that drives men and animals crazy before it kills.

But the immediate and practical problem to Sanitarian Valda Robbins was: how could he get the calf's head to the big Central Laboratory of the Florida State Board of Health at Jacksonville and keep the brain in good enough condition for accurate examination?

Keep it cold, was the answer. And Robbins had what it took to keep it cold, in the form of a special shipping container adapted from an old Army ammunition box. Just put the head in a can, tap down the air and watertight lid, place the can in the box and surround it with ice. But the head turned out to be too big to fit into the can. Could he put it in the box without the can?

The veterinarian who had called Robbins in on the case was of the opinion it would be all right just to put the head into the box



HUNTS WATER 'BUGS' — Robbins prepares to sterilize a faucet with a flaming torch before taking a water sample for laboratory analysis.

without any protective covering and trust to the ice to keep it in good condition. After a few moments of thought Robbins agreed. Then followed a quick trip to the ice house. There, platform attendants, familiar with Robbins' bizarre shipments, surrounded the head with ice. The box top was secured snugly with bolts and a few minutes later the container was turned over to the Railway

Express Agency for quick shipment to Jacksonville and the laboratary.

"I am not sure the calf died of rabies," said Sanitarian Robbins, "but it certainly did act peculiarly before it died. It tore down a fence behind which it was penned and ran wildly about the neighborhood before it fell dead. We must be sure about the cause of death, though, and the only way you can be sure is to let the laboratory examine the brain. If rabies is the cause of death, we must know that, so we can round up all the dogs that might have bitten the calf and keep them under observation. Chances are that if it was a "mad" dog which caused the calf to die, everybody in the neighborhood would have called us by now. But we have to know. You don't take chances in this business."

always vigilant

Guarding residents and visitors to Seminole County from death by rabies is only one of a wide variety of chores that Sanitarian Robbins performs for the Seminole County Health Unit. He is equally concerned about the milk and water you drink, the mosquitos which could bite you, about the rats which might infect your food supply or otherwise pass on to you any of several diseases which could be just as fatal as the bite from a rabid dog.

Sanitarians might well be described as among the watchdogs of public health services in Florida. Their work lies primarily in the field of disease prevention. They are a band of men working in county health units throughout the state; working behind the scenes, for the most part, to protect the health of Floridians.

Just how important is his role in the public health picture in Florida? Let's ask Dr. Frank Quillman, Seminole County Health Officer who directs his activities.

first things first

"Of course there are still some things that he can learn," says Dr. Quillman cautiously. "But we are much encouraged at the progress he has made since he came with us in January, 1946. I have to remind him every now and then that he is not a sanitary engineer, nor can he get everything done in a day. The job of sanitarian is a job with many problems, and you have to learn which problems deserve priority and which projects can safely be put off until tomorrow, or next week or even next month, for that



SAFETY FIRST — Robbins (lower right) joins with Sanford's City Sanitarian E. H. Johnson in checking a swimming pool chlorinator to be sure it works right.

matter. I figure that our health department, on the basis of the population of Seminole County and with all the work a sanitarian is called upon to do, needs at least two men like Robbins. We have only one. We need at least four nurses. We have only two. But since we don't have what we need, we do with what we have. There is one thing about Robbins that I would like to mention specially. He gets along well with the other members of the health unit staff, and he has made many friends for the health unit and for himself throughout the county. And that speaks well for a man who is eternally after people to do things for their own good that they may find inconvenient, and sometimes expensive. We have our differences of opinion, but they don't last long. We get along well together."

moral support

One of the reasons they get along so well together is that when Robbins goes out into the field, he goes forth with the confident assurance that his health officer is behind him to the end. Any criticism that Dr. Quillman has to offer is offered in private, and



TEAMWORK — Sanitarian Robbins works in close cooperation with Seminole County Health Unit nurses Mrs. Hulda Kibbe (shown left) and Mrs. Mabel Brown.

is a valuable contribution to the sanitarian's continuing education as to his duties.

"Every once in a while," Sanitarian Robbins recalls, "I run into a situation that calls for a little more persuasion than I have. When those times come, I like to ask Dr. Quillman to go along with me for moral support and a little help in interpreting the law. He has never been so busy that he couldn't find time to go with me."

One of the things that Robbins appreciates about his superior is Dr. Quillman's insistence on team spirit in the operation of the Seminole County Health Unit. It enables the small group to accomplish more than they would otherwise.

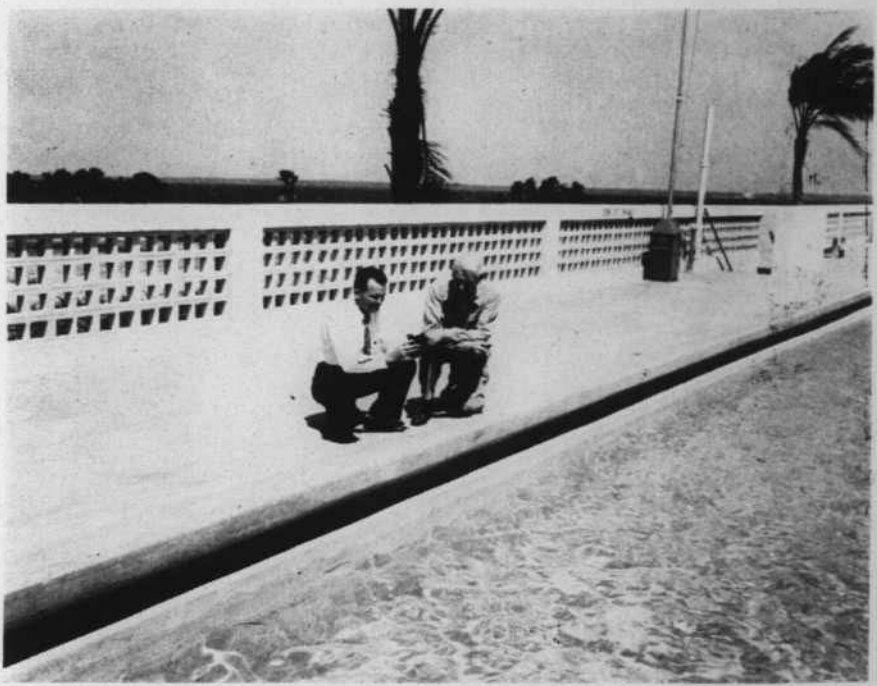
teamwork

Dr. Quillman is blunt on that point. "If you can't learn to work with us," says the health officer, "we don't want you as one of us. We don't have enough staff members to be individualists here. We have got to put into practice the principles of teamwork." But

it takes no compulsion to make personnel of the unit work together. They do it, anyway, partly in self-defense as a means of getting more accomplished in less time. Public Health Nurses Hulda F. Kibbe and Mabel S. Brown, in their trips about the county, are quick to eye and report conditions of particular interest to Sanitarian Robbins. He in turn is prompt to pass on information of interest to the nurses. Office stenographer Dorothy P. Karns is helpful when it comes to typing out reports. And clerk Annie L. Carter has a certain skill in putting her hands on papers that Robbins needs to have pulled from the files in a hurry. "You've got to learn how to get along with women," says Robbins with a grin. "They can make things a whole lot easier for you. They can also make it tough for you, if they want to. But," he added, "everybody here works together."

the book says . . .

A quick look at the duties and responsibilities of a sanitarian indicates why Dr. Quillman finds it advisable to remind his sanitary officer not to try to get everything done in a day. It is a



DOUBLE CHECK — Robbins and City Sanitarian E. H. Johnson do a double check on waters of the new Sanford swimming pool for chlorine content.

sanitarian's job "to inspect and report sanitary conditions; to enforce sanitary regulations, and to perform related work as required."

To show how a sanitarian's work will touch the lives, at one time or another, of every resident and visitor to his particular county, it is only necessary to list examples of his duties.

It is a sanitarian's responsibility, for instance, to inspect tourist camps, swimming pools, bathing beaches, canneries, and various public buildings to be sure that operators are complying with the State Sanitary Code. He acts as agent for the State Board of Health in calling attention to the violations of the law and aids in seeing that recalcitrants are suitably punished. Sanitarian Robbins must also inspect homes for conformance with sanitary regulations, inspect privies, sewage systems, private and public water supplies and to advise with owners regarding improvements in sanitary conditions.



TAKE A LETTER — Typist Dorothy Karns gives Robbins a little expert assistance with the task of preparing his numerous reports and letters.



KEEP IT CLEAN — Mrs. Ouida Wilson, lunchroom supervisor for the Seminole County's school system, shows Robbins a new type of salad bowl being used in school cafeterias, with an easy-to-clean design.

In addition he must check periodically on shellfish establishments, investigate complaints concerning industrial waste disposal, make field investigations of requests for drainage and well permits; enforce sanitary regulations, condemn wells and privies not meeting sanitary standards.

He must also seek to promote education in regard to sanitation by talks, conferences and consultations; to advise with and consult county health officers on local sanitary problems; to cooperate with private and public health agencies in matters relating to sanitation; to advise water plant operators in regard to sanitary problems.

He must also seek to assist local public and private agencies in establishing and maintaining standards of sanitation; cooperate with the personnel of the Bureau of Sanitary Engineering and other bureaus of the State Board of Health in matters relating to sanitation; to keep records and make reports of sanitary activities; to assist in making surveys and studies to determine the community sanitary needs.

the law says . . .

To back him up in the performance of these duties, Sanitarian Robbins has the backing of the state's legal code. Florida's legislators have been generous in providing laws that make his task easier. And the authority conferred by the State on Dr. Wilson T. Sowder, State Health Officer, comes down to the Sanitarian through the local health officer as the state health officer's trusted agent. The State Board of Health legal staff also stands behind him in the enforcement of the law.

But in keeping with the tradition of the State Board of Health, Sanitarian Robbins believes the law is a "big stick" that should be called into service only after all else fails. Education and persuasion, artfully applied, is sufficient to win compliance out of most folks who can see the reasonableness of protecting themselves, their friends and customers against the perils of unnecessary health hazards. To the more stubborn, a little tart talk about the law in the case and the penalties provided for noncompliance, wins grudging correction of some evil and threat to the public health and safety. For the occasionally hard-headed individual there is always law enforcement, but even then the sanitarian discusses the case first with his own health officer, who in some cases calls upon the State Board of Health officials and legal staff before proceeding with punitive measures.

"We have had to close down a few places," says Sanitarian Robbins. "We don't like to do it, but we cannot let a few individuals ignore the law, sometimes to their own profit, while others live up to the regulations."

Sanitarian Robbins carries over the principle of team play into his relations with his fellow-sanitarian, E. H. Johnson, former Seminole County Health Unit employee who now is employed by the City of Sanford. Of the older man, Robbins says:

two heads are better . . .

"Mr. Johnson has helped me a great deal. He was the man who held the job before me in the Health Unit, and I found that he not only was an excellent sanitary officer, but was liked and respected for his fairness. His good reputation made things easier for me when I came here a little more than four years ago. He has not grown tired of or indifferent to his job. He does as much or more reading than I do of the literature in the public health and sanitation field. This is a job where you have to keep up with the latest trends. The way you did things ten years ago is not neces-

sarily the best way to do them today. He helps me with problems within his jurisdiction in the city of Sanford. I depend upon him to watch out for many things within the city limits and he has never let me down. Sometimes we go together to call on a hard customer, on the theory that two voices and faces are better than one."

it all began . . .

How did Sanitarian Robbins ever get interested in becoming a public health worker? During his youth and early manhood he had shown no interest in that field. It took World War II and the U. S. Army to aim him in that direction. But let's go back a bit and look at his background. A native of Georgia, he attended grammar school and graduated from high school in Sylvania. Born and reared on a stock farm, Robbins showed promise of becoming a good farmer if he had chosen that for a life work. As a 4-H Club youth Robbins produced two grand champion cattle entries at shows in Augusta and Savannah during 1935-36. Earlier production of a reserve champion in 1934 had inspired him to continue his work and to produce his two top-winning entries. But despite that promising beginning, Robbins turned to other things. He worked as a part-time grocery clerk during his high school days and that turned him toward another occupation — retail selling. When his family sold their holdings near Sylvania, Ga., and came to Florida in 1939, young Robbins came along. Soon he was working as a stock clerk for a grocery store chain in Ocala. The same enthusiasm which led him to produce prize-winning cattle carried over into his new occupation, and within a few months, he was assistant manager with a promising future in his widespread organization. He was doing so well that he thought he could risk the perils of matrimony. So he proposed to a girl he had known and dated for a few months. His offer was accepted promptly.

"I made up my mind some time before he proposed that Val was the man for me," said Larna Robbins. "After seeing him in the store a few times I remarked to a friend that I would like to meet the man. "Perhaps that can be arranged," the friend replied. And it was. Groceryman Robbins soon had a new interest in life. They had nearly a year together before the Army reached out for him. Following basic training, instead of receiving a Quartermaster Corps assignment as his civilian training had led him to believe he might, Robbins found himself assigned to the 316th Medical Battalion.

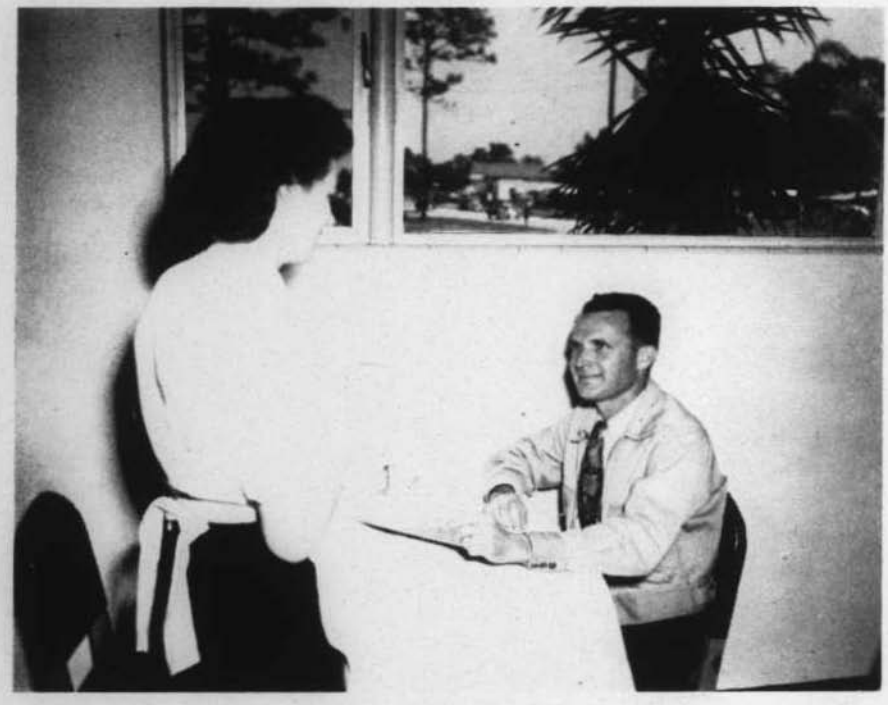
time passed . . .

It seemed a little odd to Robbins that a grocery clerk should be assigned to a "pill-rolling" crew, but he was inclined to be philosophic about it.

His outfit landed in North Africa shortly after the Allied forces moved into that country. "It was rough," said Robbins, "but we learned a lot. It was our job to go out and get the wounded, and to patch them up well enough to stand the trip back to hospitals further behind the lines."

The war itself in North Africa was not particularly dangerous for Robbins, but a practice landing exercise on the North African beaches in preparation for the later invasion of Italy proved his temporary downfall. He smashed a foot while getting ashore on a practice trip and was hospitalized for four months.

"I really began getting acquainted with the medical side of the war while I was in the hospital," Robbins continued. "They did a good job of putting my foot back together, and when I was discharged from the hospital I felt well enough to volunteer for



READY FOR LUNCH — Robbins, who knows a clean restaurant when he sees one, talks over the problem of food handling as he pauses for a noon-day snack.

service with my old field outfit, the 316th Medical Battalion, Ninety-First Infantry Division, which had already gone to Italy and was located in Naples, after I was discharged from the hospital. I had several close calls in the mountain-country fighting. It was after I got back to my outfit in Italy that I began to get interested in public health work. Whenever our outfit was pulled out of the line for rest and replacements, I was assigned to camp sanitary work, such as checking on water supply, waste disposal, kitchen cleanliness, and other work.

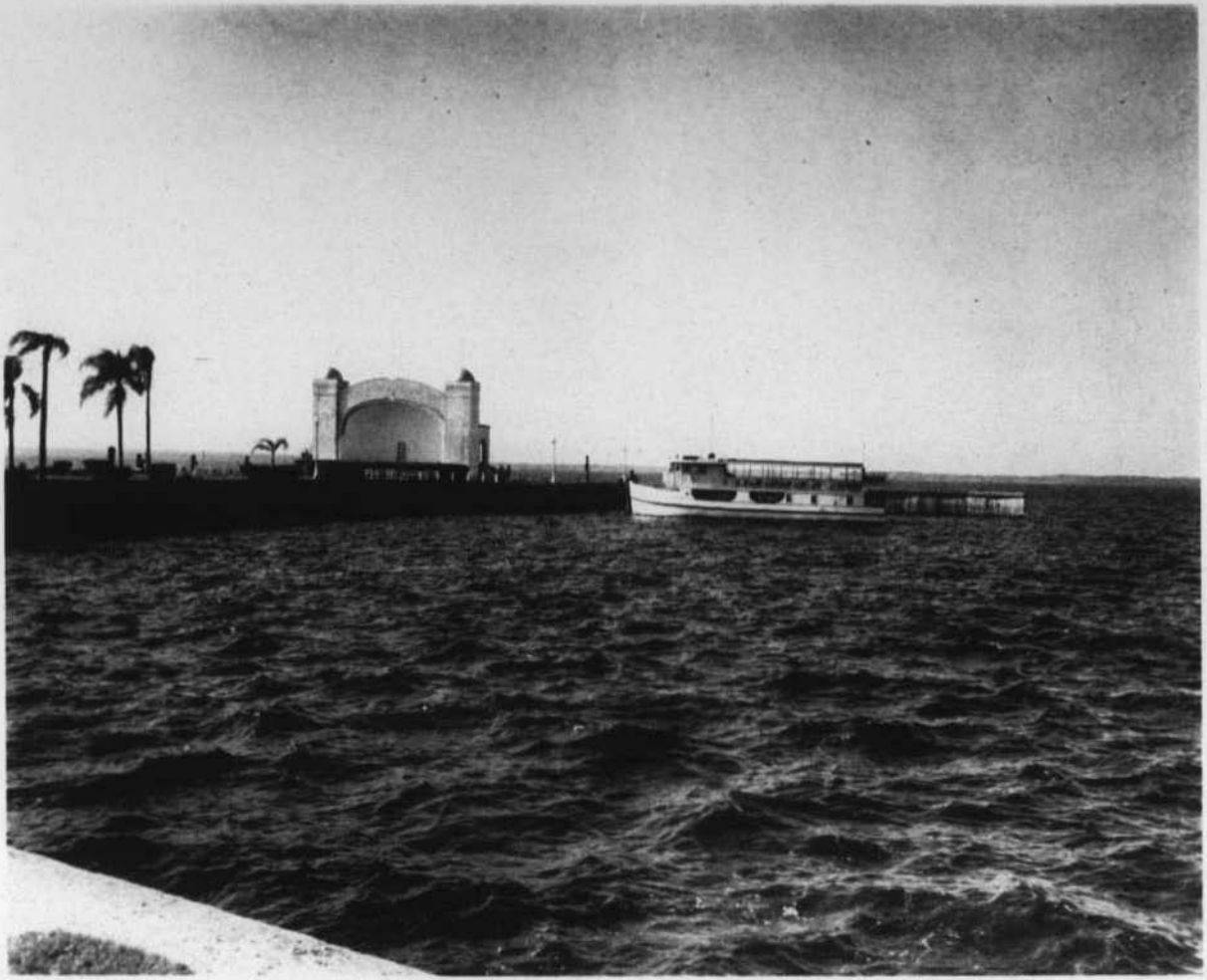
conversion

"I had a buddy, Buckley R. Vaughn, who really helped me to make up my mind to try for public health. He was sold on the idea and he helped 'convert' me. I might say that Vaughn realized his ambition. He is now sanitarian with the Clatsop County Health Department at Astoria, Oregon. I heard from him recently. He is doing all right."

The decision to pull out of the grocery business, with its promise of an assured future was a critical one to make. It



CHOW TIME — When Mama starts putting food on the table, Robbins and their small son usually are right there to eat and to approve of the cooking.



TROUBLE SPOT — Beautiful Lake Monroe, Sanford's pride, unfortunately is polluted. Pictured is the city's pier and bandshell, with excursion boat tied alongside.

called for a family conference. But he found his wife more than willing to go along with the idea. She volunteered to continue work if necessary until he was established in the public health field.

"She, more than anybody else, is responsible for my being with the county health unit," Robbins recalls. "And I might say that I have never regretted it. There was a time at the beginning when the small starting salary for sanitarians made it look like a bad choice financially. But I found so much to do on the new job that I had little time to worry about money matters. My wife is an excellent manager where money is concerned, and her bookkeeping training in the business world came in handy in keeping the family accounts straight and budgeting such money as we had. We always seemed to have enough of everything, but nothing to waste."

Mrs. Robbins' instinct for taking care of the family pocketbook came in handy when their son, Valda Robbins, II, was born in January, 1948. The budding family got over that financial hurdle satisfactorily. Then another skill which Mrs. Robbins had acquired began to have a useful purpose. She is handy with a needle. As a consequence, she is able not only to make most of her clothes, but also garments for the growing boy.

"If you want to get some idea of what that means from a money-saving standpoint," says Papa Robbins, "just try going shopping for clothing for a young child these days."

off to work . . .

But let's go back to the day in November, 1945, when Robbins got out of the Army. He put in an application with the State Board of Health for a position as sanitarian. He was told that he probably would get an appointment early in 1946. He went back briefly to his grocery store job to "help out" during the Christmas buying rush, but is was understood his employment in that field would be only temporary. Then the promised sanitarian appointment came through, dated January 7, 1946. He was assigned for two weeks as an observer with the Alachua County Health Department. During that time he was advised by Fred Safay, sanitarian of the State Board of Health Field Technical Staff, to get in several months of field work before attending the course for sanitarians at the University of Florida. Robbins followed Safay's advice, then went to the in-service training center in Gainesville in September, 1946, for 3 month's intensive training.



RAT'S NEST — Dr. Frank Quillman, head of the Seminole County Health Unit, and Valda Robbins probe this discarded pile of trash lumber for rat's nests.

"Now I look back on it," Robbins continued, "Mr. Safay's advice proved excellent. When I finally went to the University, the course made much more sense to me. I could understand it better and learn faster as the result of experience in the field as assistant sanitarian."

never a dull moment

Life is real and life is earnest for a sanitarian. Even when things are rocking along quietly and he is busy with such things as routine water samples and ferreting out rat hideaways and potential mosquito breeding places, he knows that trouble can come with explosive violence. There was the month, for instance, when it appeared that all the dogs in the county might go mad at once. "We shipped 30 heads to Jacksonville Laboratory that month," Robbins recalled with a reminiscent grimace, "and we got 25 positive reports. Fortunately for us all, the wave of rabies attacks disappeared almost as suddenly as it came. But it can always come back, and we know that the best defense is a strong offense. That is why I am taking no chances with that calf head. Have we got rabies coming back? We'll soon know."

Occasionally Robbins finds himself dragged willy-nilly as an informal judge in argument between people. Such an episode occurred not long ago when a county resident came in to complain that his landlord "has shut my water off. Can he do that to me under the law?"

It was not exactly in his jurisdiction, but Robbins knew both parties and agreed to serve as intermediary in the dispute. The sanitarian went calling on the landlord to ask why and wherefore.

"Well, Mr. Robbins," the landlord said hesitatingly, "that man hasn't paid his rent for three weeks and I believe he is holding out on me. I thought it was safe to cut off the water so I put a lock on the faucet. I didn't close up the toilet on him, though. I had a feeling that would be against the law."

Robbins thought it over and departed without committing himself where the law was concerned. To the other aggrieved party he said in short: "You better pay the man his rent — that's the best way out."

During the few years that Robbins has been serving as sanitarian assistant he has learned much and has developed a pardonable respect for his own abilities. But he has been in the field long enough to know that he can never tell what is likely to happen

next. And that helps to keep his feet on the ground. His superiors describe his work as "typical" of duties performed with credit by many another sanitarian assigned to other counties about the state. He is happy that he will soon receive a boost in the State Merit System Rating — and the little raise in salary that goes along with this advance.

rounding out . . .

What do other people think about him? Dr. Quillman has already expressed an opinion and adds that: "during the whole time that Mr. Robbins has been on duty here, I haven't had a single valid complaint registered about his work." He is well liked at the Baptist church where he, his wife and son attend with fair regularity. He already has been approached on the possibility of serving as a Sunday School teacher, but says he is still in the "thinking it over" stage. Mrs. Ouida Wilson, lunchroom supervisor for the Seminole County school system, says: "Mr. Robbins has been a big help to us on designing and outlining good sanitary food handling programs. It's hard to believe that a man should know of all the little places in a kitchen that can carry germ-bearing dirt."

His wife is occasionally critical only of the interest he takes in his work. There are times when she thinks he may overdo it a trifle. "Whenever he starts bringing home work at night and getting grumpy around the house," says she, "I know it's time to get him into a hot canasta game—or plan another fishing trip. I believe he ought to get away from the job, at least once in a while."

The thriving little city of Sanford and the balance of Seminole County is a good place to live, with a good health rating that the Chamber of Commerce brags about. It is a clean and cheerful city in a fair and fertile land, and the townfolk and rural residents alike know that Valda Robbins, as one member of the health unit team, is doing his share to help keep it that way.

Florida State Board of Health

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Bay	Horace M. Champion Jewett J. Sewell John C. Taylor
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Brevard	Franz E. Guerard T. W. Miller
Broward	Richard L. Almeida Donald D. Johnson Normal L. R. Tuckett, Jr. John B. Wainwright
Calhoun	Alva Hall Graham McKeown
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Clay	H. F. Cameron
Columbia	James D. Bishop Earl F. McCrary
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DeSoto	H. E. Richards

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Flagler	DeWitt W. Taylor
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All counties in Florida have organized county health departments except
LEE, HERNANDO, ST. JOHNS, and COLLIER COUNTIES

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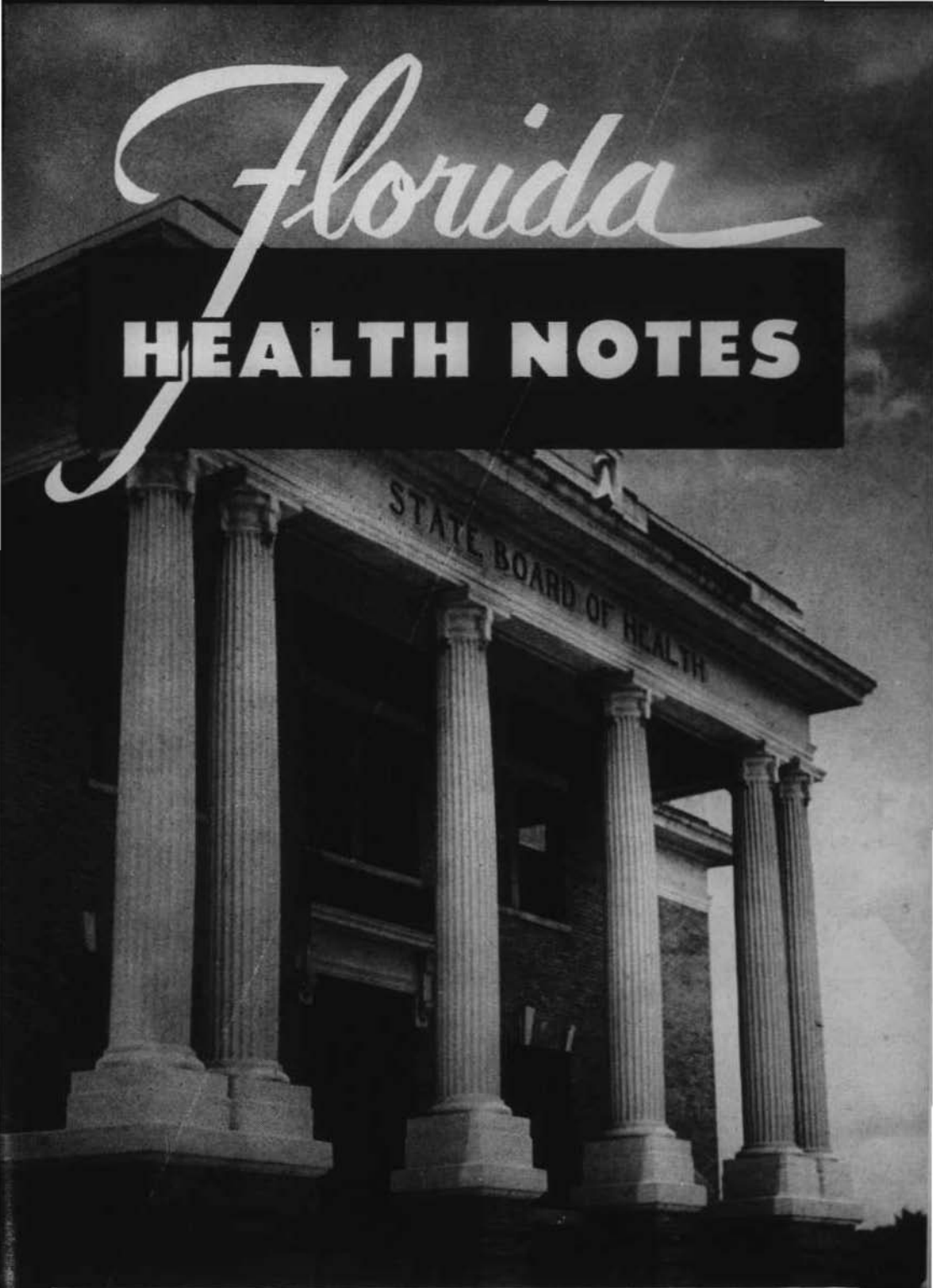
HN 5-46

Sanitation is a way of life. It is the quality of living that is expressed in the clean home, the clean farm, the clean business and industry, the clean neighborhood, the clean community.

Being a way of life it must come from within the people; it is nourished by knowledge and grows as an obligation and an ideal in human relations.

The National Sanitation Foundation.

Florida HEALTH NOTES



SEPTEMBER 1950

THE LONGER MEN LIVE

Vol. 42 No. 7



THE LONGER MEN LIVE

THE MORE TIME THERE IS TO THINK
TO THINK IS TO GROW
AND, GROWING, LIVE

Old age is one thing in which all of us should be interested. If we remain healthy and avoid accidents we will all live to become old. We must all be aware of the difficulties and inconveniences that attend old age, as well as the actual ill health. It is the objective of medicine and public health not only to save lives but to maintain efficiency and well-being. After all, **death** may not be the worst thing that could happen to one. A life drawn out with suffering and dependence on others may be even worse. Many things can be done to avoid such a catastrophe.

When and What Is Old?

Just what is old age and what happens to us when we come face to face with it? It is difficult to set a definite age at which we may consider ourselves old. This will vary from person to person depending on many things. The majority of us begin to get old around age 20, since this is when we stop growing and rapidly replacing tissue. Professional athletes are usually considered to have passed their peak at 30. Physical aging, however, occurs much earlier than mental aging.

The process we call aging is characterized by a general breaking down or changing of tissues. Some active men, when they become middle-aged and beyond, do not like to admit their physical prowess is decreasing. However, the size of the muscles definitely decreases with advancing age so that our physical strength and endurance is less. In addition, there are other conditions with which we are familiar. We all realize that our joints are beginning to creak and we are not nearly as agile as we once were. This is due to changes in the linings of our joints. The membranes are beginning to degenerate and actual deposits of extra bone may form in time. All of us have heard of our arteries hardening during the later years of life. This means that the

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linings of our arteries begin to swell and here again we may find deposits being laid down. This leads to a decrease in the inside diameter of our arteries and loss of their elastic properties. In order to continue to supply blood to all the parts of the body through these arteries the heart must raise the pressure. Then we have the familiar high blood pressure. Unfortunately little is known about the cause of these conditions. Much research is going on, however, that shows promise.

"I Can't Remember"

We should learn to understand the mental changes which also take place in old age so that we can be more tolerant of the old folks with whom we come in contact. Some persons live to a quite advanced age and maintain completely clear mental faculties. In fact, the process of degeneration is much slower in the brain and nervous system than in any other part of the body. In many persons, however, mental degeneration does set in and often is made worse by the attitudes of persons associating with these old folks. Most of us who have lived with old folks are familiar with the loss of memory that they usually show. This loss of memory is peculiar in that it usually involves recent events. Grandpa sometimes cannot tell you where he was yesterday, but can discuss accurately and in detail his exploits during the Spanish-American War.

A combination of events and changes may lead the old persons to have a feeling of rejection. During their prime they may have been the head of the house or the leaders of the community. Now a son or daughter and younger members of the community have taken over these positions. This gives them a feeling of rejection or of being left out of things. Their mental changes may lead them to develop persecution complexes in which they believe other persons are attempting to do them harm. Sometimes these ideas are founded in fact but often they are pure fancy. Older people may show loss of judgment about money matters, particularly business deals and marriage. Older women are very frequently swindled and old maids who have inherited large sums of money are fair game for confidence men. The lack of judgment in affairs of the heart among oldsters has led to the familiar saying "there's no fool like an old fool." With loss of status in home and community and actual physical degeneration the approach of the end becomes very obvious and this may disturb old persons.



He may be a little too old to do a full day's work but a few hours of work every now and then helps this cobbler to retain his skills and to contribute something of value to the community.



A Moosehaven resident temporarily bedridden gets a broad smile and a copy of his home town newspaper to break the tedium of his stay indoors.

Boredom and change in resting habits may lead to insomnia and prowling around the house at night. Very little sleep is needed and this may be taken in "snoozes" during the day. A slowing in reflex reactions and loss of sight and hearing may lead to accidents. Very frequently the person may compensate for these defects by development of other capacities. It has been shown in some industries that older persons have fewer accidents.

Definite Problem

All these conditions may contribute to an old person's becoming a problem in care which many families are unable to meet satisfactorily. Our old folks are increasing more rapidly than facilities are available to take care of them. In former days the family looked after its own old folks as well as its own cripples

and chronically ill. That was the era of cheap building materials and labor. Now houses are in general small bungalows rather than spacious mansions and ancestral homes. There is no room for Granny. If she must live with the children the crowding only serves to aggravate her mental and physical difficulties. Where space is available so that the older persons can live their own lives and yet be cared for, it is by far the best solution. Frequently this is not possible, however, and the old folks must be packed off to an institution. The final result is increase of the dependent aged group to a greater degree than facilities are available to care for them.

This is quite a depressing picture to consider. We wonder if there are any ways in which to avoid some of these conditions? Actually there is much hope in the situation. Man has not yet become immortal, but he has found many things which can increase his span of life. Whereas the Bible talks of a maximum life span of three-score years and ten, our present day scientists see the great possibility of man's reaching 120 in sizeable numbers. Our life expectancy at birth is now approaching 70 years.

The factors that contribute to "a long life and a healthy one" are in many instances well known. One can get an idea of how long he can expect to live by going into his family history. The members of certain families live longer on the average than those of other families. Long life is a family trait. It has also been shown that long life and health in old age depends a great deal on good health in childhood and youth. The person that is healthy as a child and protects his health through youth and early adult life will probably have a comfortable old age.

A Definition

Geriatrics is a relatively new word in the health field. The usual definition of this word is "the science of dealing with problems peculiar to old age and the aging." Like so many of our medical terms it is derived from Greek words. In this case the Greek words mean "the study of the old man." The development of this new specialty in the health field is due to several trends taking place in our national scene.

Why There Are More

In the United States we are undergoing many social and health changes. The health of the American people has improved greatly within the past fifty years or so. We have much better living conditions with improvement in housing and availability of food. Working conditions have been vastly improved. During the past twenty-five to thirty years we have seen what some doctors call "the Golden Age of Medicine." The development of the "wonder" drugs such as the sulfa compounds, penicillin, insulin, vitamins, serums and other medical victories has contributed to a steadily declining death rate. This has been combined with a marked increase in knowledge of diseases and in the organization of public health activities, all of which contribute to longer and healthier lives. No longer do we have the great epidemics of former years. Doctors are now beginning to talk of



"Aging is a part of living. All living matter ages and as it ages, changes. Aging involves every one of the innumerable aspects of life. It begins with conception and ends only with death."

Edward J. Stieglitz, M.D.

stamping out such diseases as tuberculosis, typhoid fever, smallpox, and typhus fever which in the past have practically wiped out populations. There is an ever increasing number of persons who have survived the dangers of childhood and early youth, such as contagious diseases, poor nutrition, and accidents and are living to middle and old age. There has been an increase in the general population but the older age groups are particularly increasing.

There are two other factors which must be considered as active in this situation. Immigration has been slowed to a stop. Nowadays we do not see large numbers of persons moving in from other countries. People who take part in migrations are usually the younger, stronger and more energetic groups. Large numbers of them definitely increase the numbers of young people in a population. With the decrease in such a movement the numbers of older age groups will relatively increase. Another sociologic event taking place in our United States is the decreasing birth rate. You might have a hard time convincing the busy obstetrician of this but it nevertheless is true. The large families of the past are being seen less and less frequently today. Here again is a situation to be found in a new, rapidly growing nation. "Cheaper by the Dozen" is not the theme of family life today. The idea of smaller families has its effect on the make-up of a population. This would tend to relatively increase our older age groups. Fewer babies mean relatively more old folks.

What is the effect of all this on the make-up of our population? This is still a comparatively young nation. Several areas can still be classified as "frontier." This type of area is always populated by a younger group. Half of our population is still under age 30. But a new pattern of population is beginning to develop. The forces that bring about a large number of young people (immigration, birth rate) are not as strong today as they have been in

These women are drawn together in a congenial social group by their love of fancy needlework. It provides recreation — and cash.



There's nothing better than a good baked apple, sprinkled with sugar and cinnamon to spur a lagging appetite. Here "grandmother" shows she's still a good cook.

other years. On the other hand, the forces that tend to increase the older persons in our population (better living conditions, better general health) are beginning to have effect. It has been estimated that by 1980 two-fifths of our population will be over 45 and one-seventh over 65. Based on estimates of total population this means that in thirty years we will have over 21 million persons in our population who are over 65 years of age!

The entire picture of public health is changing, since these older groups do not have the same type of diseases that the younger groups have. When you reach the age of forty and beyond you usually do not have the contagious diseases or other

types of conditions which are over in a few days or weeks. Rather you are more likely to have one of the so-called chronic diseases such as heart disease, kidney disease, diabetes and the like. We do not know the basic cause for these and consequently we can do nothing more than control them. The idea of control rather than cure is affecting the entire organization of public health.

Food

The factor of good nutrition seems to have a great effect on the life span. Over-nutrition or overweight has a marked effect on length of life. Life insurance companies have shown this over and over again. Excess fat is a continuous and never-ending strain on the body and as might be expected the fat person is "burnt out" at an early age. Overweight is always due to over-eating. In fact, a diet which is low in calories contributes more to long life. This diet, however, should be high in proteins and in all the essential minerals and vitamins. In planning diets for older persons the factor of deficient digestion must be taken into consideration. Most old folks either have no teeth or have false teeth so that chewing of the food is not as efficient as it might be. The secretions of saliva and gastric juices are greatly decreased. Another factor in getting the proper diet is the decrease in hunger contractions. These things contribute to a decrease in appetite which may be the reason the old person is not obtaining a well-rounded diet.

As people grow older, there are a few general rules regarding **food** which should be followed:

1. Begin the day with a good breakfast.
2. Eat meals at regular hours. Older people often do better on small meals with between-meal nourishment.
3. Some hot food at each meal is desirable.
4. Make foods attractive so they will tempt poor appetites. Prepare them so they are easily eaten.
5. Small servings of clear soup or broth will often stimulate the appetite.
6. Remember fried foods do not digest rapidly. In older people with poor appetites it is wise to omit them.



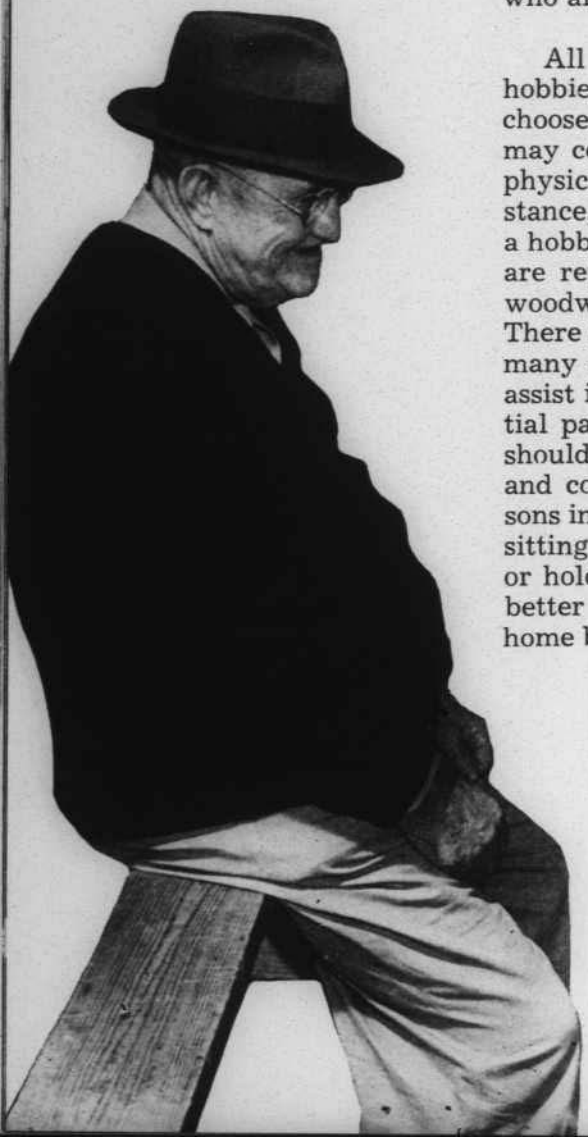


The dream of going fishing whenever you please has come true for these two sprightly codgers. In just a minute or two they will be dropping baited hooks into the St. Johns River.

Interests

Another important factor in preventing premature aging is the maintaining of an interest in life. The abrupt retirement from an active position to a life which contains nothing of interest has been the cause of complete collapse and death for many an old person. It has been suggested that industries continue to employ older persons at a decreased salary. This would usually be acceptable as most old persons do not have many financial responsibilities. Their use to society would be continued and they would be much happier. Furthermore, the chronological age (the number of years you have) does not always match your mental age. There are many older people who are alert and capable at age 80.

All of us should begin to develop hobbies in our younger years. We should choose these hobbies wisely so that we may continue to follow them when our physical capacity is decreased. For instance, you should not expect to continue a hobby of mountain climbing when you are retired. A better choice would be woodworking or other light craft hobby. There are many interesting hobbies, and many agencies are ready and willing to assist in the development of these essential pastimes. Persons who are retired should attempt to develop new friends and companions preferably among persons in their own situation. The old men sitting under the tree playing checkers or holding long conversations are much better off than the old man sitting at home by himself staring into space.



Staring into space, his once busy hands lying useless — often the fate of too many of our older people.

Florida's Plans

Of particular interest to us here in Florida is what is being done in our own State for meeting these problems of old age. Since the old individual cannot tolerate extremes in temperature our climate is very excellent for persons in their declining years. The several states around the Gulf of Mexico are referred to as the "Gulf South Area" and are becoming more and more popular as a place in which to retire. Our state government is wisely capitalizing on these features and many individual communities are making special arrangements for retired persons to live in their areas. Many of these people have been outstanding in their former home communities and will be a distinct addition to Florida.

The Florida State Board of Health in cooperation with medical societies and individual physicians has adopted a forward-looking attitude on the disease problems of aging. For several years the Board has had a special department of cancer control and recently has established divisions of heart disease control and of nutrition and diabetes control. All these programs are being worked out in cooperation with medical and other interested organizations in the state and should contribute to the comfort and health of our rapidly increasing population of old folks. Education and case-finding services are available to the entire population and treatment is provided for those who cannot afford it.

> "The new approach must be based on the recognition that an elderly individual should be active for as long as possible, that he must be considered as a valuable member of society, and that he must have his place in our life and feel that he is not a burden either to himself or the community."
>
> Raphael Ginzberg, M.D.



Social periods with people of their own age can help older people recover momentarily the happier days of their younger years. Shown is a group of oldsters at St. Petersburg, Florida.

St. Petersburg

An illustration of what certain communities in our state are doing may be found in one of our enterprising cities, St. Petersburg, Florida. The famed green benches on the main street constitute only one of several forward-looking projects this town has begun. St. Petersburg and Pinellas County are fully aware of their increasing role as a favorite spot for retirement. Preliminary studies have indicated that the proportion of old folks in the population is rapidly increasing. City recreation departments pay special attention to shuffleboard, checkers, card-playing and other leisurely sports. Special attention has been given to the slow reflexes and the loss of hearing and sight present in many old folks in the planning of street crossings, approaches to buildings and traffic lights. Discussion is being given to a plan for the establishment of small-craft industries which would furnish retired individuals not only with activity but with a small source of income. All these make for a better atmosphere and environment for the aged.

Moosehaven

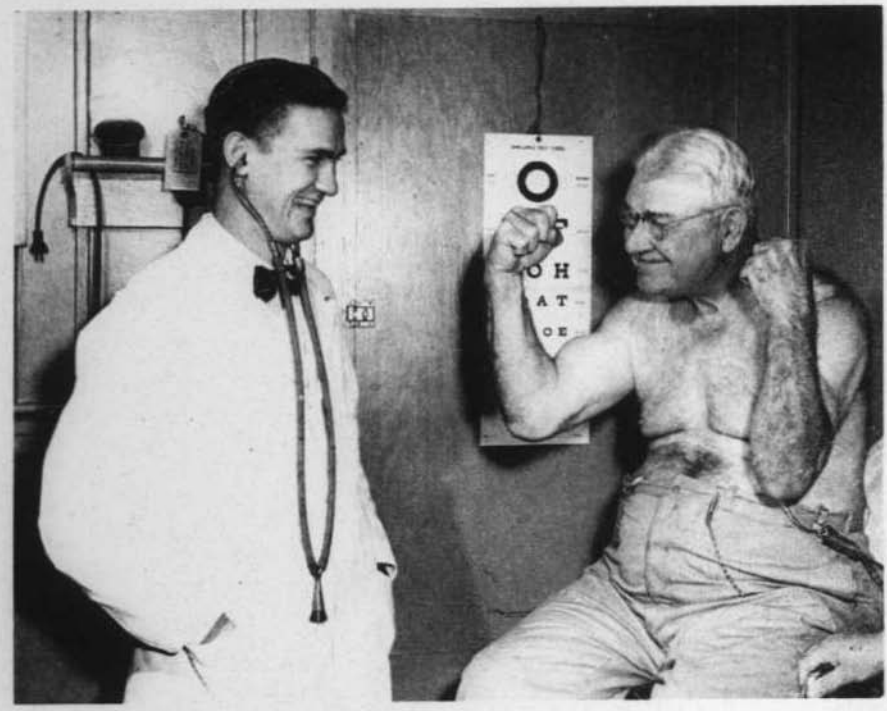
There are many privately owned and operated institutions for the aged in Florida. There are two which have received national publicity and recognition in the past few years. One is the institution owned by the Loyal Order of Moose and located at Orange Park, Florida. This institution, known as Moosehaven, is the center for the Moosehaven Research Laboratory for the Study of Gerontology, established in September, 1949. This organization is active in investigation of physical, nutritional, social, educational and emotional factors contributing to the improvement in the maintenance of mental health in the aging population. Its advisory board is made up of some of the leading experts on aging in the world.

In the institution approximately 335 men and women are cared for in twelve different housing units. Their average age is 76.7 years for men and 73 for women. They have a well planned recreational program in addition to complete medical care. It is a democratic community and the wishes of all the residents are sought on many occasions. Actual elections and referendums are

held. A hobby shop is maintained which sells the product of the hobbies of many of these old persons and provides them with a small amount of money. The accommodations are most modern. All the newer buildings are only one story high and there are accommodations for couples. This entire program is a very fine contribution to the geriatrics problem by one of our outstanding fraternal organizations.

Christian Home Community

Another interesting institution is the Christian Home Community located at Penney Farms. This was organized and endowed by J. C. Penney of department store fame. It is open to retired ministers and full-time Christian workers of all Protestant denominations. It is in reality a small community made up of



Hey, Doctor, I feel as strong as a horse! Periodic examinations of residents at Moosehaven at Orange Park help to keep them in good mental and physical condition during their sunset years.

efficiency apartments for couples and bachelor quarters for widows and widowers. A small central chapel is the center of the community life. Each minister able to preach is given an assignment in rotation so that he is not so completely removed from his former life. There are other activities such as gardening, a nine-hole golf course, local chapters of the American Red Cross and, during World War II, a very efficient and well-manned aircraft warning center. A small hospital and resident physician provide medical care. Here again is a happy solution to many of the problems of the declining years.

What To Do

What then are the possibilities for attacking this problem? Each and every one of us can help by paying attention to our own health. Preserving our health in the early part of our life will lead to a healthier and less dependent old age. We should live in



Example of the excellent medical care afforded residents at Moosehaven in Orange Park is shown in this picture of a man receiving a fluoroscopic examination in a search for possible trouble in the chest area.

moderation, eat in moderation, work in moderation, play in moderation. Since aging is an accumulation of the "wear and tear" on our bodies we should pay attention to rest. Avoid overtiring whether at work or play. Check with your doctor at least somewhere near as often as you check with your garage mechanic. Your body is the only one you will ever have; you can get another car. Many large industries require their executives to have an annual physical examination by their doctor. They have found it pays dividends.

You are worried about the baby getting the right kind and amount of food. Don't forget it is important for adults too. The proper diet has been definitely shown to be important in long life. If you have a chronic condition such as diabetes or high blood pressure do as the doctor says and take care of it. Many times such a condition is a blessing in disguise if the patient takes it seriously and follows the doctor's suggestions.



Develop a hobby for use when you are "going down the hill." Choose it wisely. Don't waste your time with a foolish one. Be sure it is one you can follow when you are not as strong and active as you are now. Get one you can be interested in. Public libraries have all kinds of books on hobbies. Practically every hobby group has its own magazine. You will be amazed how many hobby clubs there are right in your town. There is no real excuse for not starting a profitable pastime now. It will pay in terms of long life and happiness.

"Now that medical men have succeeded in putting more years in our lives, it would seem that the medical profession is obligated to put more life in our years."

Douglas T. Davidson, M.D.

Some Day You . . .

How about treating our old folks a little better? Try to understand their difficulties. Be patient with them. Remember, you will be old yourself sometime. If the old man does his job properly keep him on. If his work is slipping keep him on anyhow. If you explain to him that he cannot produce like he used to, but that his experience is still valuable to the organization, he may consent to accept a smaller salary rather than be fired. Every young man should concern himself with security in his old age so that he will not become a burden after he can no longer contribute to production. Worry about finances leads to a feeling of insecurity does not foster mental health.

Our communities can begin to make plans to care for the increasing numbers of "senior citizens." Hospitals, traffic bureaus, mental hospitals and welfare agencies are among the community facilities that will benefit from wise planning in this direction.





Mail from home means much to everyone, but especially to old folks.

In many instances the establishment of communities especially for aged and retired persons will be indicated. These persons will need a more than usual amount of personal and medical care, but careful consideration of all factors will produce much more efficient operation. The "old folks' home" and the "poor house" of the past should be done away with. Healthy, happy and busy old folks can contribute a great deal to their own care, and to the community in which they live.



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All counties in Florida have organized county health departments except
LEE, HERNANDO, ST. JOHNS, and COLLIER COUNTIES

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

C tting the lawn is not too hard a job for an older man — if he has one of the n v motor-driven lawn mowers. A little knowledge of machinery is a good thing.

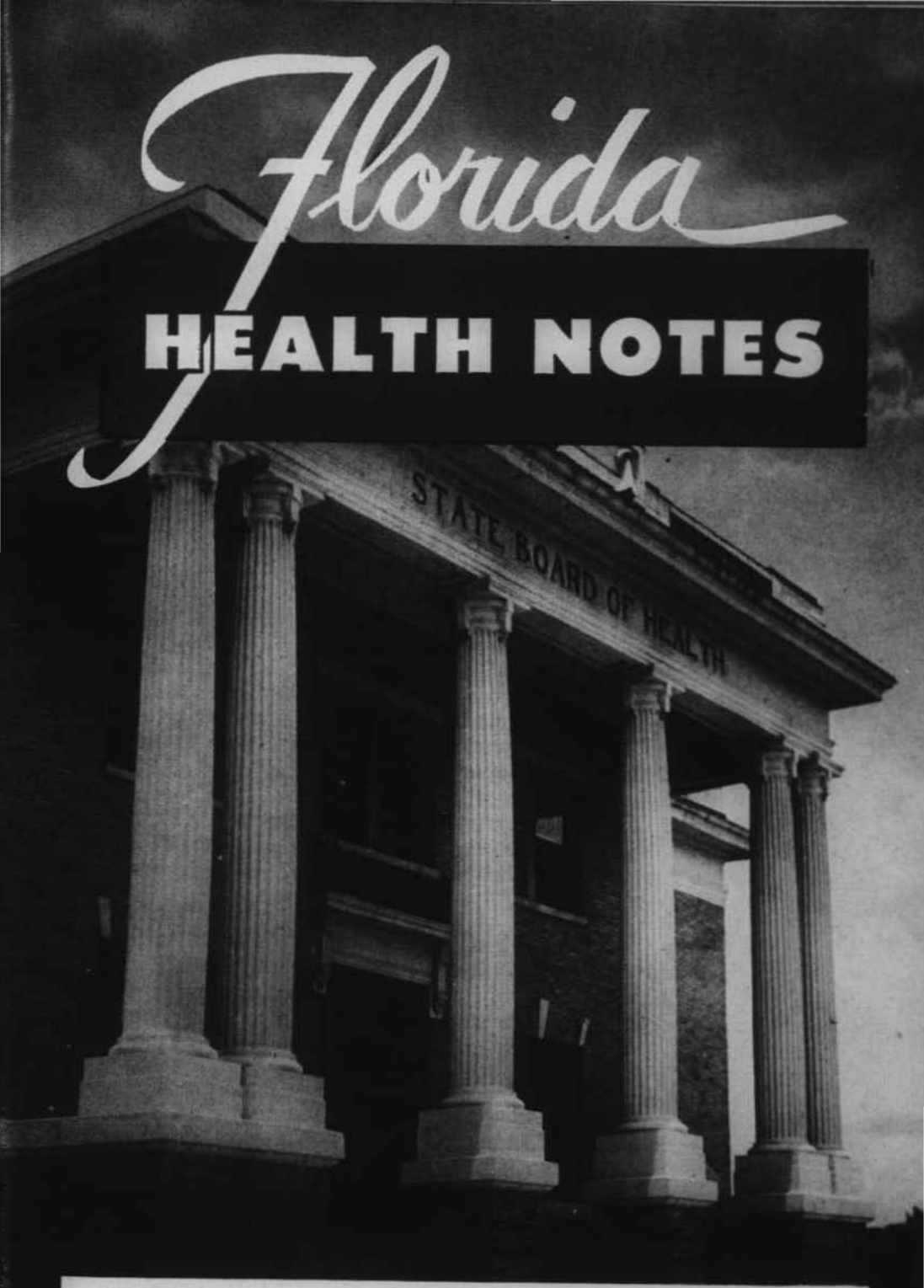
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It would be possible to add ten years to the average life span of people living in the United States if we made full use of the scientific knowledge now available.

Thomas Parran, M.D.,
(Formerly Surgeon General,
U. S. Public Health Service)

Florida HEALTH NOTES



OCTOBER 1950

"A SAFER, FAIRER LAND"

Vol. 42 No. 8

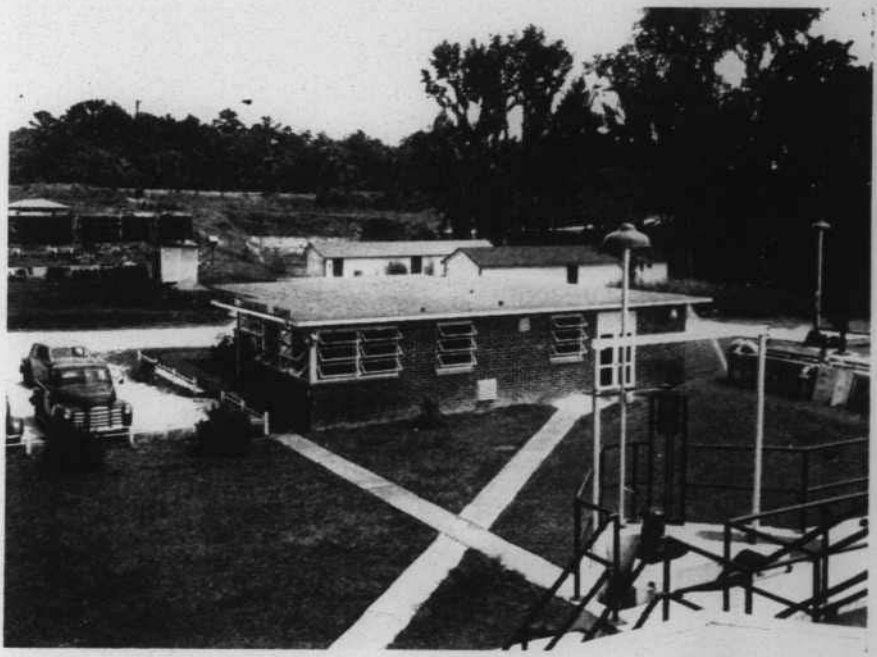
"A Safer, Fairer Land"

THREE YEARS AGO this month (October, 1947), Florida Health Notes was devoted to the problem of stream pollution. The casual or unduly critical reader may have gathered the impression that Florida was possibly the most polluted state in the nation. To which the Florida State Board of Health Bureau of Sanitary Engineering would reply that this isn't necessarily true. They would patiently point out that the article was based largely upon the bad examples then existing, with but little reference to the good points. But that article did much to stimulate the state's cities and towns into doing something about a potentially dangerous situation that would become worse as Florida's population continued to expand. That situation was **pollution through domestic sewage and other man-made wastes.** Since that time three years ago many projects in the planning stage have reached completion. Others in the active planning stage give promise of still more relief. Other projects are still in the "conversational" stage, with an increasing number of citizens taking an interest in the problem. And all the state's cities and towns realize more clearly that they must keep moving to keep up with Florida's population growth and thereby head off trouble in the future.

For Florida is engaged in a brisk footrace with time in this Mid-Century year. Having all but conquered the natural health hazards found inevitably in a rich, lush, sub-tropical wilderness, the state is turning more of its time, energies and money into a program designed to erase man-made hazards to environmental health.

The factors that are putting the most pressure on are the rapid growth in population and the steady development of the state's agricultural and manufacturing resources. Census figures show

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Administration building of the new sewage treatment plant at University of Florida, Gainesville, where sewage studies continue.

that Florida is one of the fastest-growing states in the Union. Trade sources indicate that a once largely-agrarian state is turning its attention more toward manufacturing and food-processing as a means of developing a more profitable year-round economy. As a result, the problem of keeping the state's growing population from aggravating its present pollution problem becomes more acute.

While some of the state's cities and towns have been discouraged to find that their own communities have not achieved the population growth they expected during the past ten years, Florida was nonetheless surprised to learn that the state's overall population had increased beyond expectations. Preliminary figures for Florida released by the U. S. Bureau of the Census in this nose-counting year indicate that this state has at least 2,735,413 inhabitants living within its borders, a figure that is likely to move upward when the final tally is released. This figure was 140,400 more people than the Florida State Board of Health Bureau of Vital Statistics had estimated.

BUT STILL MORE SIGNIFICANT is the prospect for future growth. If the present population increase continues, the Bureau of Vital Statistics estimates, the state should reach three million people by 1954, four million residents by 1964, and could reach the five million figure by 1972. That's coming a long way for a state which only 100 years ago could count just 87,445 men, women and children. Even at the turn of the century the state showed only 528,542 inhabitants.

As the population mounts and manufacturing and food-processing increases, so do the problems of pollution. How is Florida facing up to these problems? Figures tell the story. Florida led all the Southeastern states combined and stood well up with the biggest states in the nation in 1949 for money spent to ease the growing pressure of pollution on the state's streams, lakes and underground water supplies. Florida's expenditures for the purpose totaled $11,504,240, providing 33 sewage treatment plants and eight water treatment plants. By comparison, nine other Southern States provided a total of $11,410,516 for the same purpose during the same 12-month period.



This uncovered sewage sludge disposal bed offers fine breeding place for flies.

There is a growing number of citizens in this state who believe in the work of safeguarding Florida from the dangers of pollution. And the Bureau of Sanitary Engineering operated by the State Board of Health has done and is doing its persuasive best to direct this growing interest into constructive channels. In a speech this year to the Bureau's sanitary engineers, Dr. Wilson T. Sowder, State Health Officer, cited them for the good work they had done.

"Several years ago, before we expanded our sanitary engineering staff," the State Health officer recalled, "we were somewhat inclined to be pessimistic of the possibilities for improvement in sewage disposal, water supply and stream pollution. But your achievements of the past year or so in these fields has more than justified the expansion of services to the cities, towns and sanitary districts in Florida.

"Education, we believe, is the most potent weapon to be used in an effort to solve the state's pollution problems," he continued. "We are going to get bad conditions corrected when we convince the people that they are needed, and when the people see the value of paying for such improvements to water supply and sewage systems and in stream pollution abatement."

One of the reasons for the impressive construction figures listed above is that the state had a long way to go in erasing its most pressing pollution problems. But now that interest has been generated, the State Board of Health is hopeful that the momentum will continue until such time as pollution will be of little or no concern to Florida.

Why does the Florida State Board of Health concern itself so much with the pollution problem? The answer is easy. As guardians of the public health, the agency is charged by law with the task of working to prevent and to correct pollution evils which threaten the health and general welfare of the state's population. Section 381.45 of the Florida laws states, and we quote:

"**THE STATE BOARD OF HEALTH** shall consult with municipalities and others interested in the disposal of sewage to advise them as to the best method of disposal of drainage, sewage or refuse with reference to the existing and future needs of all communities and persons which may be affected thereby. It shall also consult with and advise corporations, companies and individuals

engaged in or intending to engage in any manufacturing or other business whose sewage, waste or waste products may tend to pollute the waters of the state. It may also conduct experiments relating to the purification of water and the treatment of sewage, waste or refuse." Unquote.

In addition, says the head of the Sanitary Engineering Bureau's Sewage and Waste section, plans for major changes or additions to existing sewerage systems or for new sewerage systems shall be approved by the authorized representative of the State Board of Health before construction is permitted. This law, he adds, is widely known and quite generally accepted. What is less widely known, however, and frequently violated through ignorance, is Chapter 387.08, Florida Statutes of 1941, which makes it unlawful to "deposit in any of the waters of the lakes, rivers, streams and ditches in this state, any rubbish, filth or poisonous or deleterious substance or substances liable to affect the health of persons, fish or livestock." It also provides that "the carrying into effect the provisions of this section shall be under the supervision of the State Board of Health."

What are the state's major pollution problems? They may be listed as follows:

1. Domestic sewage, including human excreta, a major concern from the public health standpoint because of the disease-transmitting factor.

2. Residue from phosphate mining, pulp and paper mills, and other manufacturing operations which overload lakes and streams, thus hampering the efforts of such bodies of water to cleanse themselves and to restore a natural balance. This is generally conceded to be a "conservation" factor, although there is a "public health" angle involved.

3. Operation of citrus canneries and certain other types of food processing plants.

GOOD PROGRESS IS BEING MADE in erasing pollution evils in the first two categories. It is the third classification that appears to be giving the most trouble at the present time. Tremendous expansion of the citrus industry's canning and frozen concentrate plants in the central part of the state has created new problems for which there is no ready answer. Research is urgently needed to work out a satisfactory disposal problem for

citrus wastes. Efforts are being made to set up a research project in this field, but in recent years the citrus industry has been so busy satisfying the demand of a steadily growing market for its products that it has been more concerned with production than with waste disposal.

A realization of the need for such a research program has been steadily growing in the ranks of the industry operators. Another group, the Public Heath Engineering Conference, sponsored by the Civil Engineering Department at the University of Florida, also is aware of the menace that citrus wastes present from the standpoint of pollution. A subcommittee appointed by that group at a meeting late in 1949 looked to the State Board of Health as an agency which could assist with the citrus waste problem. The conference subcommittee in citrus wastes agreed that a work program in that field "should include first a thorough physical, biological and chemical study and report upon the effects of citrus wastes on the over-all pollution picture. This study," the committee report added, "should be conducted by the proper regulatory body; namely, the State Board of Health. This study and report would point out the direction which subsequent research and laboratory work should take and would also indicate what equitable portion of the pollution abatement load should be shouldered by the citrus industry."

The citrus industry, the committee suggested, should be willing to contribute to the cost of such a study.

The precedent for asking the citrus industry to contribute to a research fund to help solve its own waste problems already has been established in two other major fields. One is the phosphate mines operation. The other is in the field of wood pulp and paper production.

Phosphate companies have underwritten a research program to determine the extent of pollution from phosphate mining operations and how such pollution may be corrected. As a result of that research program, the State Board of Health has established a field laboratory near Bartow for the purpose of making pollution studies of the Peace and Alafia rivers which run through that South Central Florida area. That pollution survey is continuing and results thus far are encouraging.



Just how polluted is Florida's Peace River? These State Board of Health lab workers at Bartow will soon be able to tell.

The pulp and paper mills are also recognizing their responsibility. They have fostered the organization and administration of the National Council of Stream Improvement.

The Council is conducting extensive research programs at leading universities to develop adequate treatment methods for handling the various wastes produced by paper and pulp manufacturing. The agency also has contributed to the cost of staging pollution surveys under direction of the State Board of Health.

The State Board of Health is well aware that the correction of pollution problems is everybody's job. How does it help to criticize an industry for polluting a river when a city a relatively short distance away may be pouring a great gush of human filth into a stream? What help is it for a city to point to the industry as a pollutional factor? Both conditions must be corrected to give the faltering stream of biologically "dead" water a chance to revive itself — to "come alive" again.

LET'S LOOK AT A representative sample of some of our cities and towns to see what they have done to make Florida a safer, fairer land in which to live. Here are some typical "Then and Now" items to show what progress some of our cities and towns have made in the past several years to get their own civic house in order where domestic sewage disposal is concerned.

THEN

In 1946 citizens of Gainesville were horrified to note worms coming out of their water faucets! The trouble was traced partly to a critically overloaded sewage treatment plant at the University of Florida. Effluent from the treatment plant entered a sink hole and thence into underground waters from which the city drew its water supply. From that polluted source were drawn organisms big enough to be apparent to the naked eye!

NOW

The University of Florida has constructed and has in operation one of the finest sewage treatment plants in the South. Periodic analysis indicates an organic load removal of better than 95 per cent. In addition the City of Gainesville now has a new water treatment plant which not only coagulates and filters the well water, but also softens it prior to sterilization. The water tastes fine. The worms are gone!

THEN

The City of Ocala for many years has pumped its drinking water from deep wells located near the center of the city. The sewage disposal system consists of an antiquated type of septic tank so overloaded as to be practically useless. The effluent flows into drainage wells which are comparatively shallow. One of the city water supply wells is already unsatisfactory and an industrial water supply well is so loaded with organic matter it is unsatisfactory as a boiler water supply source.

NOW

Under construction at the present time are both a new sewage treatment plant and a new water treatment plant. The sewage treatment plant will eliminate the use of drainage wells completely and will provide treatment not only for domestic sewage but also for strong industrial wastes. The water treatment plant will have softening units similar to those in use at Gainesville.

THEN

Like Ocala, the City of Orlando has for many years discharged sewage, storm water and industrial waste into drainage wells in comparatively shallow stratas of underground waters. While no direct connection has ever been traced between the city water supply and the polluted underground waters, numbers of private wells have been found polluted and have had to be abandoned.

NOW

The City of Orlando has recently completed and put into operation one of the finest and most modern sewage treatment plants in the South. The plant not only processes sewage to the point that the effluent is virtually pure water, but discharges it into surface streams, thereby further protecting the vital underground drinking supply. The city also has constructed a new water treatment plant to provide for increased needs and for a better water supply.

THEN

The City of Tampa has for many years discharged practically raw sewage into Hillsborough River and Tampa Bay. Dissolved oxygen, necessary to water plant and fish life, has been completely missing in the Hillsborough River for many years. The shallow bay waters adjacent to the Bayfront section have been so heavily loaded with sludge and sewage that the production of hydrogen sulphide has been offensively noticeable. Not only is the odor severe, (like rotten eggs), but the hydrogen sulphide has blackened house paint and tarnished silver and other metalware.

NOW

Under construction in Tampa at the present time is a huge sewage treatment plant which will eliminate the conditions listed at left and enable the establishment of a biological balance in the Hillsborough River and Tampa Bay, which has been completely impossible for many, many years. The new treatment plant, to be located on Hooker's Point, will discharge water into Tampa Bay — but minus the smell and the bacteriological matter which has characterized the sewage outpourings of the past.

HOW FAR FLORIDA has come in facing up to the problem presented by proper disposal of domestic sewage is reflected in a 10-year summary prepared by the State Board of Health. Says the report:

"At the turn of the decade (1940), the urban population in the State of Florida was 1,037,763, with 746,000 of this population connected to sewer systems. The remainder of the urban population was using private septic tanks and privies for disposal of excreta. Of the sewer systems involved, a population of only 72,000 was connected to such systems discharging to adequate sewage treatment plants. This left a remaining 674,000 population connected to sewers which discharged sewage therefrom to streams, lakes, tidal waters and drainage wells."

Ten years later, in 1949, it was estimated that the urban population was 1,247,000, with an estimated 1,021,000 of this connected to sewers. By this time, 205,900 residents were connected to sewers **discharging to adequate sewage treatment plants.** Construction of new plants was under way the latter part of 1949 to treat sewage for an additional 183,000 population.

The need for more sewage treatment plants is evident, the report continues, but with a number of the larger cities having projects in the planning stage, it is believed that gains in the immediate future will place this situation more nearly under control. In the past 10-year period, the Bureau of Sanitary Engineering has approved 216 plans and specifications for sewage treatment works and extensions to existing systems. Of this number, 115 plans and specifications have been approved since 1945, and 49 of these projects are now under construction or have been completed. Of the projects approved, by far the majority of construction has occurred in the four years following the war. The dollar volume of the approved projects has been estimated at $46,025,785.

Cities large and small are busy working out plans or already have put into operation sewage treatment plants geared to their particular needs. Notable in many cases are provisions for expansion as the municipalities grow. Commendably, many of the state's smaller cities and towns are ahead of the "Big Three" metropolitan areas— Miami, Jacksonville and Tampa.



Debris and sewage sludge mark this sewage outfall at a west coast city.

Such cities as Orlando, Gainesville, Tallahassee, Winter Park, Winter Garden, Sarasota, Winter Haven, Ocala and Macclenny are showing Florida the way where proper sewage treatment facilities are concerned. Miami is in the planning stage on a proposed project to cost approximately $17,000,000, while Jacksonville is debating the need of a program to cleanse its comparatively enormous sewage outfall into the St. Johns River and tributaries within and adjacent to the city.

Notable achievements are the sewage treatment plants at the University of Florida, Gainesville, which also serves as a demonstration unit for engineers and students of sanitary engineering at the University, and at Orlando.

First, let us review briefly the plant at Orlando, currently the biggest in operation in this state. Described as "the biggest high rate filter in the South," the plant is designed to treat an average flow of eight million gallons per day, with a maximum capacity



Striking contrast is this clean, spring-like water pouring from a sewage treatment plant at Orlando.

of 16 million gallons for each 24-hour period. There, sewage is led into settling tanks and thence into filter tanks where solid matter is removed into the form of sludge. The sludge is in turn carried into two huge "digester" tanks, where the work of breaking it down still further is carried on. After the sludge particles have been thoroughly "digested," it is spread out on drying beds. After its long processing, the dried sludge is in demand as a "soil conditioner" by nurserymen, orchardists and for public parks and golf courses. Thus valuable elements are reclaimed to repeat an essential life cycle.

An important part of the "digester's" operation is the production of gas resulting from the fermentation of the sewage solids. This gas is used to help operate diesel engine power units at the sewage treatment plant. In addition, water used to cool the diesel engines is carried through "heat exchangers," where the heat picked up in the process of cooling the engines is used in the digesting process.





Termed one of the finest in the South is this sewage treatment plant at Orlando.

In addition to providing the sewage treatment plant, Orlando reconditioned and extended its sewer lines, first units of which were laid in 1913; provided pumping stations to carry the sewage water to the treatment plant. Total cost of the sewer line work and the treatment plant is expected to approximate $3,150,000 with an additional $350,000 earmarked for the extension of lateral sewers into areas which lack this service.

SO EFFECTIVE IS THE SEWAGE purification process that the water emerging from the outlet pipe into a tributary of the St. Johns River has the appearance of a sparkling stream and a bacteria count so low that it offers no disease threat to the receiving stream.

Biggest stumbling block to providing an adequate sewage treatment plant is the heavy capital outlay for this public service feature. Orlando solved this problem by selling $3,500,000 in revenue certificates.

These certificates are secured by a pledge on the net revenues of the Orlando utilities. However, it has been stated that none of the utility revenue of more than a million dollars per year is actually used for paying the bill on the new plant. Enough money for debt retirement, maintenance and current operating costs is derived from a utilities service tax levied on city-owned water and electric systems. Other utilities services taxes, such as those levied on gas, local telephone and other private utilities, are available to the city for general purposes.

In using the utilities tax as a means of financing the project on a sort of "installment plan" basis, Orlando was in line with the recommendation of Townsend Wainwright of New York City, consultant on municipal finance problems.

"For all practical purposes," says Mr. Wainwright, "the constitution and laws of Florida pretty well limit the scope of any discussion of financing . . . sewage works. In the first place, the Constitution of Florida permits a very large percentage of the people to escape paying for any part of the capital costs, or the operating costs, of improvements vital to their health, safety and welfare, if they are financed by tax bonds.

"In the second place, the laws of the state require that not less than one-half of the qualified voters must come to the polls, of which a majority must vote 'yes' to authorize a tax bond issue for any public improvement. As long as that situation exists, and I see little likelihood of its being changed, there is not going to be much sewer financing done by means of issuing general obligation bonds. Therefore, it would seem advisable to seek a way of financing sewage works by means of revenue bonds and paying for such bonds by means of charges for the use of the services and facilities constructed with their proceeds."



Pensacola Naval Air Station is right in step with progress with this fine sewage treatment plant.



Tampa pushes work on new sewage treatment plant to clean up odorous waters there.

MEANWHILE TAMPA is pushing forward aggressively with a $13,000,000 program of revamping its sewer system, constructing pumping stations and providing a sewage treatment plant which that municipality hopes will be ready for service by September, 1951. The new plant on Hooker's Point will serve most of the Tampa area, reclaim the sludge as at Orlando, and discharge the processed water into the bay.

Miami's plans to provide an adequate sewage system, including a treatment plant, for the nation's Winter playground area, have been checked in part by ballooning costs. No sooner has one set of plans been completed in recent years than it was found that the costs of the necessary installations were substantially ahead of the tentative figure earmarked for financing the projects. In 1943, for instance, it was estimated that $5,206,500 would cover cost of constructing a sewage treatment plant and the necessary sewage transport lines.

A year later the estimate was raised to $7,572,000, and by 1945, the price for the plant and intercepter lines had reached an estimated $10,000,000. In addition, estimates on the costs of repairs and extensions to the sewer system had been elevated from $5,800,000 to $7,000,000.

Miami's voters have agreed that the city definitely does need better sewers and a treatment plant when they approved creation of the Miami Sanitary Sewer Financing Act in a special election five years ago this month. But while Miami citizens can agree that the sewage treatment plant is needed, agreement on where the facility is to be located is something else again. A first proposal to locate the plant in the Biscayne Bay area met such determined opposition that a proposal to locate the facility in the western part of the city was offered. Residents in the western area of Miami expressed heated disapproval of that proposal. Nonetheless, those who have been working so long to obtain better sewers and a treatment plant are still optimistic. Says Raymond A. Wliliams, director of Public Services for the City of Miami:



State Board of Health goes to sea! This police launch is used for pollution study off Miami Beach lush "gold coast" area.



Down goes the bucket to the bottom of the sea for a water sample off Miami Beach.

"Miami's sewer program and attempted solution 'became of age' right in the middle of the 'boom price' construction period and this fact alone has been the major reason why no construction has yet begun several years after the project was overwhelmingly approved by the public. If the construction cost index will stabilize long enough for the engineers and contractors to agree on the figures for a two or three year construction job, Miami is certain soon to have its much-needed and long-publicized sewer project in the amount of $17,000,000 or less, depending upon the type and design recommended and adopted."

WHILE THE PROSPECTS for extension of sewers and the development of more sewage treatment plants are encouraging at this point, there are still some dark splotches on the bright side of the picture. Take, for instance, a certain Florida municipality which shall be known as "Community X." A drainage well which

lies perilously close to the town's water supply well is infiltrating the drinking water supply source. That was demonstrated recently when a harmless green dye was dropped into the drainage well.

"Within 45 minutes I began getting definite traces of the dye," an observer reported. "Three days later water in the storage tanks was a brilliant green!"

That particular community is fortunate in having a water filtration plant available which so far has succeeded in removing the polluted materials.

Take a certain coastal city. There, water-softening units are being treated with ocean water which at times reveals a suspiciously high pollution rate. "The only thing that stands between that city and real trouble," says a sanitary engineer, "is a chlorinator. We consider it a bad practice to increase the chlorination rate when a basically bad condition can be cured some other way."

There are others — but the log jam of public indifference has been broken. Sanitary engineers and others interested in better sewage and waste disposal methods believe that if "City A" puts in a sewage treatment plant or improves its water supply, "City B" will be inspired to do likewise, civic pride being what it is.

"The main thing," says one sanitary engineer who has done his share of consulting, conferring, pleading and planning with city officials and civic groups, "is that we have got the ball to rolling in the right direction. It took a lot of talking and persuading to get that done. Now we are hopeful that the momentum will be a big help in making Florida a safer, fairer land in which to live."

In addition to being a health hazard, pollution can create a definite dollars and cents loss to the state in certain fields if it is allowed to go unchecked. Fishing, predominately sports angling, is a multi-million dollar business which could suffer seriously if pollution of lakes and streams is allowed to continue.

First, both domestic sewage and industrial waste may contain unstable organic matter, which, as it continues to dissolve or decay, consumes oxygen from the stream. Fish, which require oxygen dissolved in the water, may literally "drown" in the deoxydized liquid element.

Second, the polluting substance may contain chemicals which are poisonous to the fish. For instance, waste discharged from a metal plating plant may contain cyanide, which would be deadly for fish in the waters into which the waste was discharged.

A third pollution factor dangerous to aquatic life are finely-divided, inert solids which cover the stream bottom and kill off vegetation, thereby eliminating a food supply for certain varieties of fish, or hiding places which younger fish use to keep from being devoured by larger varieties of fish.

Florida's

ANNUAL SHORT COURSE AND CONFERENCE

for

WATER AND SEWAGE PLANT OPERATORS

The 18th Annual Short Course and Conference for Water and Sewage Plant Operators held during the summer of 1950 at the University of Florida, Gainesville, established two records. First, it had the biggest attendance in the history of the Short Course. Second, it had more men to qualify for new or advanced certificates of merit in their particular field than ever before.

Conducted by the Florida Water and Sewage Works Operators Association, the State Board of Health and the University of Florida, the Short Course provides water and sewage plant men with an opportunity to learn how to serve their communities better and to raise their professional status.

For the first time this year, examinations for Class "A" certificates were staged. Nine men qualified for the test — and all nine passed. All together 72 sewage and water plant operators passed examinations for certificates of merit.

The growing interest in the Annual Short Course is highly significant. It means more water and sewage plant operators — municipal, private and industrial — are regarding pure water supplies and safe sewage disposal important to the health of the people and the prosperity of the state.

Toward A Cleaner, Healthier Florida

Sewage Improvements Constructed or Under Construction 1947 thru August 31, 1950

Municipality or Owner	Project	Cost
Apalachee Institute	Sewage Treatment	$ 65,000
Baldwin School	Septic Tank	12,000
Bartow	Sewers and Treatment	660,000
Bradenton	Intercepter Sewer	265,367
Brewster	Sewage Treatment	362,000
Callahan High School	Septic Tank	18,000
Chattahoochee Fla. State Hos.	Additions	105,000
Coral Gables, Univ. of Miami	Sewage Treatment	20,000
Coral Gables High School	Septic Tanks	20,000
Daytona Beach	Sewage Treatment	2,290,000
Dunedin	Sewers and Treatment	500,000
Florida Farm Colony	Sewers	13,390
Fort Lauderdale	Remodel	208,000
Fort Lauderdale	Remodel Lift Stations	27,100
Fort Lauderdale	Sewer Extension	No figures
Frostproof	Sewage Treatment	5,000
Gainesville(Univ. of Fla.)	Sewage Treatment	550,000
Gainesville	Sewers	7,000
Jacksonville (Lakewood)	Sewers and Sewage Treatment	123,000
Jacksonville	Lakewood S/D Expansion Sewage Treatment	15,000
Jacksonville School System	Septic Tank, Filters (6)	63,000
Jacksonville (S/D)	Sewage Treatment	20,000
Jacksonville	Subdivision—Sewage Treatment	16,000
Jacksonville (S/D)	Rodney—Sewage Treatment	15,500
Jacksonville Beach	Sewers and Treatment	265,000
Lake Alfred	Sewage Treatment	25,000
Lakeland	Sewers and Sewage Treatment	309,000
Lakeland, Carpenter's Home	Sewage Treatment	16,000
Lantana, T.B. Hospital	Sewage Treatment	98,778
Macclenny	Sewage Treatment	142,000
Manatee County School	Septic Tank	5,500
Marianna (Fla. Ind. Sch.)	Sewage Treatment	55,000
Miami (Int. Airport)	Sewage Treatment	127,000
Miami (36th St. Airport)	Storm Sewers	140,000
Miami Int'l Airport	Lift Station	No figures
Miami Beach	Sewers	66,000
Milton	Sewage Treatment	224,800
Ocala (Fem. Corr. Inst.)	Sewage Treatment	40,000
Ocala	Sewage Treatment	420,000
Orlando	Sewers and Treatment	3,500,000
Pensacola	Sewers	32,000

Owner	Project	Cost
Plant City	Sewers and Treatment	125,000
St. Augustine (Sch.)	Sewers	50,000
St. Petersburg	Trailer Park, Sewerage	55,000
Sarasota (Manatee Airport)	Sand Filters	7,400
Sarasota	Sewers and Treatment	2,162,884
Silver Springs	Sewage Treatment	15,000
Surfside	Sewage Treatment	700,000
Tallahassee (Fla. A & M)	Sewers	4,000
Tallahassee	Treatment Plant	700,000
Tampa	Sewers and Treatment	13,000,000
Tarpon Springs	Sewers and Treatment	101,000
Volusia County Kennel Club	Septic Tank	6,000
Winter Garden	Sewers and Sewage Treatment	163,000
Winter Haven (Hosp.)	Sewers	5,000
Winter Haven	Sewage Treatment	1,230,000
Winter Park	Sewage Treatment	608,000

Industrial Waste

Jacksonville	Roofing Plant	8,000
Hollywood	Food Cannery	No figures
Hallandale	Laundry	10,000
Miami	Dairy	30,000

THIS JOB OF ERASING pollution or preventing it from occurring in the first place is a tremendous task for which the skills of many trained people are required. Sanitary engineers do their part. Sanitarians and others who labor with the day-to-day task of taking water samples also contribute their bit. Backing them up are specialists such as chemists, biologists and bacteriologists in the several laboratories operated over the state by the State Board of Health. For it is in the laboratory, by careful analysis, that the degree and nature of pollution, if any, are discovered. Armed with the knowledge of just exactly what is wrong, sanitary engineers, sanitarians, field survey crews and others interested in correcting pollution conditions can begin drafting plans for correcting the evils. Correction of pollution is everybody's job, from the city's mayor and city council, concerned with the problems of costs balanced against the values to be obtained, to the mother of a newborn baby, concerned about the health and welfare of her offspring. It touches the lives of sportsmen, who see a once-favored fishing spot turn into a barren hole. It is of interest to the industrialist who finds tainted water interfering with his operations. Pollution is a "grass roots" problem which affects the lives of everyone living or visiting in Florida.



Jacksonville Beach insures the safety of its residents with this fine sewage treatment plant.

And those at the State Board of Health most concerned with erasing the evils of pollution never miss an opportunity to hammer home the point that numerous jobs must be completed on the community and sanitary district level before the big task can be termed complete.

"There's one thing you should remember," a State Board of Health sanitary engineer told a civic group recently in an East Coast city. "**YOU** are going to build a better sewage system — the State Board of Health cannot build it for you. We will be glad to interpret the law for you — to tell you what you can do and cannot do by legislative decree. We are happy to be allowed to consult and to advise with you. And it may be we can save you money. You have some idea of what your problem is now, and how it can be solved. We are willing to help you all we can. But remember — it's going to be **YOUR** sewage plant — it's up to you how well you build it for today's needs and for your population growth in the future."



Silver Springs has provided this adequate plant for sewage treatment purposes.

The State Board of Health

1217 Pearl Street or P. O. Box 210
JACKSONVILLE, FLORIDA

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Mental Health Program
Heart Disease Control

All counties in Florida have organized county health departments except
LEE, ST. JOHNS, and COLLIER COUNTIES

FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892

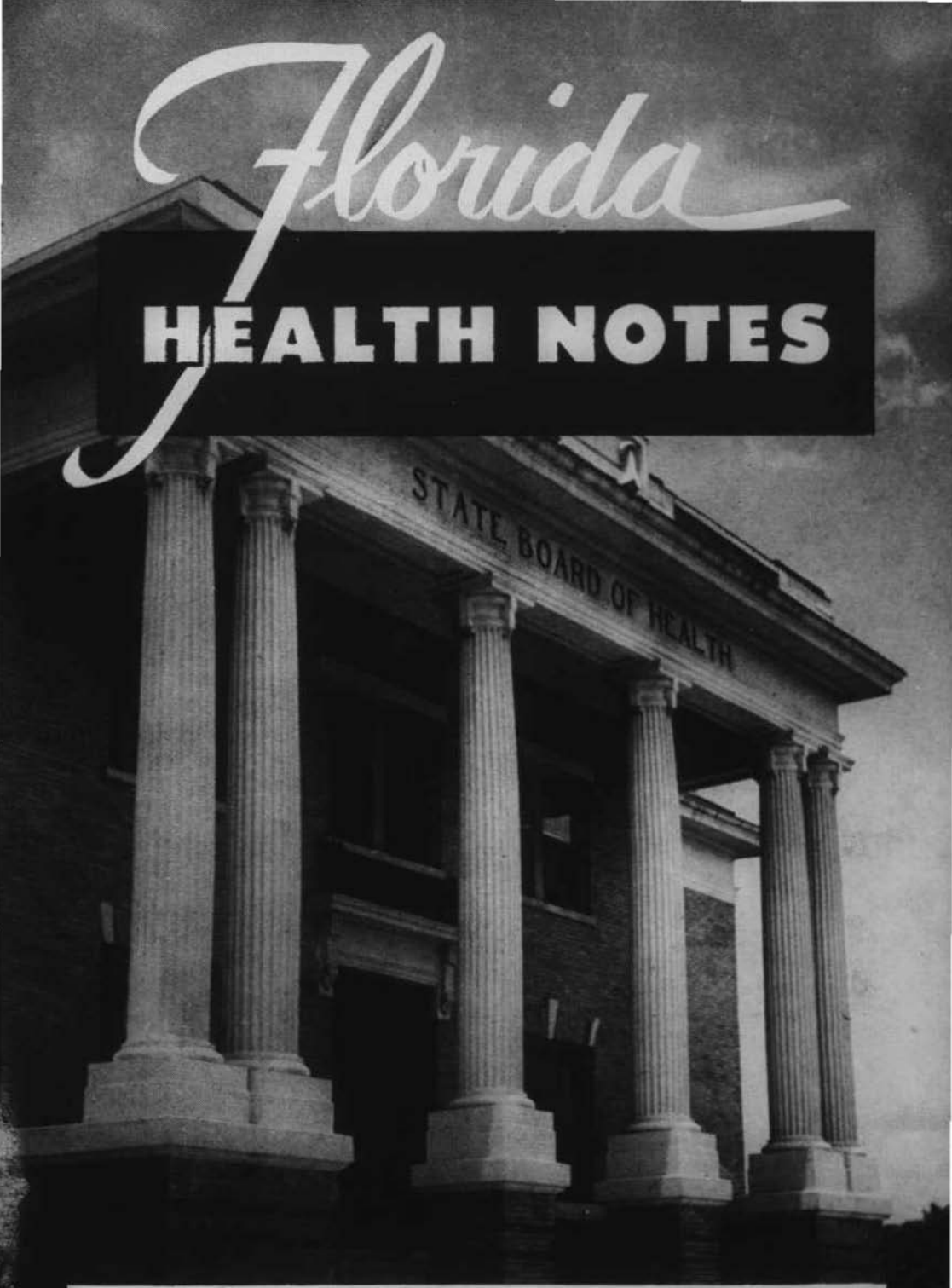
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IT'S ONLY THE BEGINNING!

We've made a good start in controlling water pollution. But there's still lots to be done. Many more industries, cities, communities must cooperate and plan – then build or rebuild. For, if we are to improve our health and keep our state prosperous, Florida must have clean, beautiful waters.

Florida HEALTH NOTES

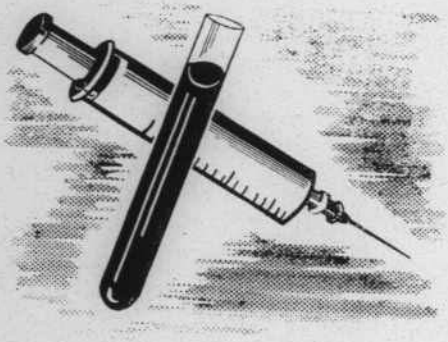


NOVEMBER 1950

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UNFINISHED BUSINESS

"THERE IS MORE THAN ONE SIDE . . ."



Venereal diseases—an ugly phrase which conjures up visions of poor, ignorant unfortunates who have contracted these loathsome diseases. **But the truth is** — many persons also have venereal diseases who are educated, intelligent and economically solvent. They may have contracted it innocently in the marriage relationship or, in the case of syphilis, inherited it from an untreated mother, or received it as a result of illicit sexual relationships.

Diseases which affect thousands of Floridians each year cannot fail to be of importance to all of us. For, directly or indirectly, such diseases affect our resources, both human and material. In times like these, when every resource must be conserved for the war effort, we are unpatriotic if we do not try to conquer these diseases. But having a venereal disease is a very personal problem. We have two objectives always to keep in view:

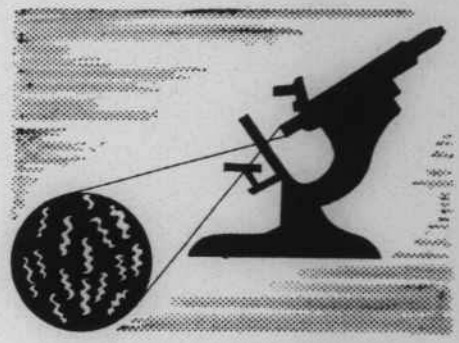
1. To keep the disease from spreading to other persons.

2. To save the person himself from the consequences of the disease.

The answer? Education — of all our people. This issue of HEALTH NOTES is but one of the salvos from our stock of ammunition. Further on, we will list other materials.

Please Note: Because we are a health agency, we have considered here only the physical aspects of the venereal disases. The moral issues, however, cannot be separated from a full discussion of the problem, since illicit sexual relations is the main method by which such diseases are spread.

VENEREAL DISEASES ARE CONTRACTED BY PEOPLE, NOT CASES –



Last week the Bureau of Preventable Diseases in the Florida State Board of Health received a phone call from someone who wished to speak to the director. The caller identified himself to the director as a business man seeking medical advice relative to the various aspects of syphilis. He was invited to visit the Bureau and here is his story.

He had been hospitalized on three different occasions since discovery of syphilis in a routine check-up early this year. He is now fifty-five years old, is married and the father of three children, all happily married. This man contracted syphilis during World War I while overseas. He was single at the time and did not marry until 1922. He denies any extra-marital relationships since his marriage in 1922. There is no doubt that this well-educated, prominent citizen contracted syphilis by sexual contact with an infected woman while serving overseas. He states he noticed a small lesion on his genitals, went to the doctor, was treated for a few days and released, apparently a well, strong, able-bodied young man. However, the treatment was of such short duration that it did nothing to kill the syphilis germs, merely helped the symptoms disappear faster. He was never told he had syphilis. During the next few weeks the syphilis spirochetes entered his body and began the slow process of tearing down what had been a well, strong body. He married and had a successful business career until this spring when not feeling too well, he decided to have a physical examination. This included

FLORIDA HEALTH NOTES

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a blood test which showed he had syphilis. Now he is nearly frantic with worry, as well as being actually ill. "The mills of the gods grind exceeding slow but they grind exceeding sure."

ANOTHER –

A few months ago a young man, thirty-five years old, was suddenly taken ill while at his office. He was carried to his home and as soon as the family physician arrived, members of the family were advised to transfer him to the hospital immediately. A thorough examination was made including a blood test. His wife was told that he was partially paralyzed due to syphilis in a late stage. This man had had syphilis over a number of years without any knowledge of it. After several weeks of convalescence, the patient was able to recall that he had a pimple on the genital area of his body during his teens. This had appeared following sexual relationships with an older woman. He did not seek medical advice and after two or three weeks the pimple disappeared. No further symptoms were observed by the young man but now he is a victim of late syphilis.

AND STILL ANOTHER –

Recently, a wealthy financier, sixty years of age, began giving away sums of money and making unsound financial investments. This continued for several months until his wife became suspicious and urged a physical examination. A complete examination, including a blood test, revealed that her husband was a victim of a type of late syphilis of the brain known as paresis. He is being treated but his wife has been told that he will not recover mentally, as part of his brain has been destroyed by the syphilitic infection.

THEY GO ON INDEFINITELY –

A young woman phoned her physician for an appointment. Early next morning she was at his office on arrival. With a distressed look on her face she began her story. She told him she was the victim of congenital (inherited) syphilis. She was one of

two children, the other a non-syphilitic. During a college entrance physical examination she had had a blood test and it had revealed syphilis. She denied ever having any sexual contacts. Her mother was examined and found infected and both mother and daughter were treated. The girl later married without telling her husband about her history of syphilis. He was told by their family physician that his wife had syphilis after she had had a blood test following an accident. The family physician also gave her husband a blood test which proved negative. After her recovery from the accident she explained to her husband how she had been an innocent victim of syphilis which she had inherited from her mother. The husband was not willing to accept her story and had left her, thinking she had contracted syphilis through illicit sexual contact. It was through education and continued interest of the family physician that a happy reconciliation was made.

TO CONCLUDE

Not long ago in a Florida town an 18 year old girl had an abdominal operation. It was necessary for the doctor to remove her tubes and ovaries as they had become infected with gonorrhea. This means that this young woman can never bear children. She was engaged to a very fine young man in her home town, but when he found out that they could never have a family she noticed that he became reluctant to visit her. Therefore she released him from the engagement. Naturally, she feels now that her life is ruined. Time will tell what kind of an adjustment she will make. There are many women and men who are made sterile by gonorrhea even though they never have an operation.

According to vital statistics, syphilis is directly responsible for hundreds of deaths and a contributing cause of countless thousands annually. Many private physicians in Florida tell us they hesitate to place the word "syphilis" on death certificates due to the stigma which is generally associated with a venereal disease. Therefore, we do not actually know how many people die of this disease each year.

Syphilis has many common names such as "bad blood," "siff," or the "pox." Its technical name is lues.

Syphilis has been a disease often referred to as the "hidden disease" simply because we have failed to exploit the medical facts we have. Not until 1937 was the word syphilis used on the radio; few lectures on the subject were given before the general public; and only during the past decade have we sought to have schools, colleges, universities, churches, civic, professional and fraternal organizations equipped with correct ideas regarding syphilis. It is necessary that we exert every effort possible to further this type of education so we may keep syphilis from spreading. It is also through knowledge and plain facts that we are able to save many marriages which would otherwise be channeled into our divorce courts.

In 1940 in Florida we had 19,900 cases of syphilis. The year 1949 showed 12,363 cases. We have less syphilis now than during the past years, due to many reasons. During 1945, the Florida State Legislature passed the premarital prenatal laws requiring both men and women seeking a marriage certificate to submit to a blood test, and also requiring pregnant women to have blood tests before delivery. Private physicians are urged to give a



Doctors, nurses, placards, the educated public — all work together to eradicate venereal diseases.

blood test to all patients routinely as are hospitals and other institutions. The local county health departments throughout the state are receiving cooperation from their medical societies and interested agencies in mass blood testing projects in high schools and industrial groups seeking to discover the hidden cases of syphilis. Recruiting stations for the armed services refer all suspected cases of venereal diseases to the Florida State Board of Health for diagnosis and treatment (if needed), including draftees and volunteers. Clinics also receive a vast number of venereal disease patients from contact investigations.

It is through community education that we lower the number of venereal disease patients. We must be frank and outspoken if we are to continue the fight on this deceitful disease. **We must know the facts.** For example, there are three ways syphilis is usually contracted. First, by having sexual relationships with someone who has the disease; secondly, a baby may inherit syphilis from its syphilitic mother; third, workers in laboratories or professional people coming in direct contact with known syphilitic cases on very rare occasions acquire the disease.

The major source of infection is from the promiscuous boy or girl, man or woman. A casual acquaintanceship rapidly results in sexual relations — and venereal diseases is often the end result. Also, girls hanging around bars waiting for someone to buy them a drink, known as "B" girls, are often infected. The professional prostitute does not spread venereal disease as readily as do the above mentioned sources, due to precautions taken by their customers and by the fact that physical examinations are frequently done on this group. Also, society no longer condones as formerly, the practice of prostitution. As a result, they are frequently under treatment — as they are an ever-present reservoir of the infection. But lest this statement be misinterpreted to mean that a prostitute is "safe" because she has had a physical examination, let us remember that the professional prostitute has many sexual contacts each day — and a physical examination at best is usually done only every few months. Any one of her contacts may infect her: she in turn can then infect all others who seek her services before she has another blood test.

We know through the study of known syphilis cases and their contacts that everyone who is exposed to syphilis does not contract it. But we cannot tell whether or not we have been infected with



Every eye-catching device must be used to combat venereal disease.

syphilis after exposure unless we get a blood test and physical examination done by a reputable physician or the local health department. Oftentimes the syphilis spirochete enters the body and we do not notice a pimple or sore which sometimes occurs in about three weeks after exposure and will disappear regardless of whether or not we have treatment.

In women the sore often comes on the inside of the body and the person who has it never knows it. **Early syphilis does not make one ill.** Occasionally there is a rash, sore throat or fever a few weeks following the contraction of the disease. It is what it does in the later years that is disastrous. Other times we go to our family physician or health department for diagnosis and treatment and fail to tell the truth about our intimate contacts; hence those persons who have been our sexual partners may unknowingly become the victim of syphilis and later develop manifestations which prove to be fatal or render him or her mentally and physically unfit to carry on their everyday life. Also, Florida has thousands of known cases of congenital (inherited) syphilis. Had the mothers of these known cases been treated for syphilis during their pregnancy we would not have so many

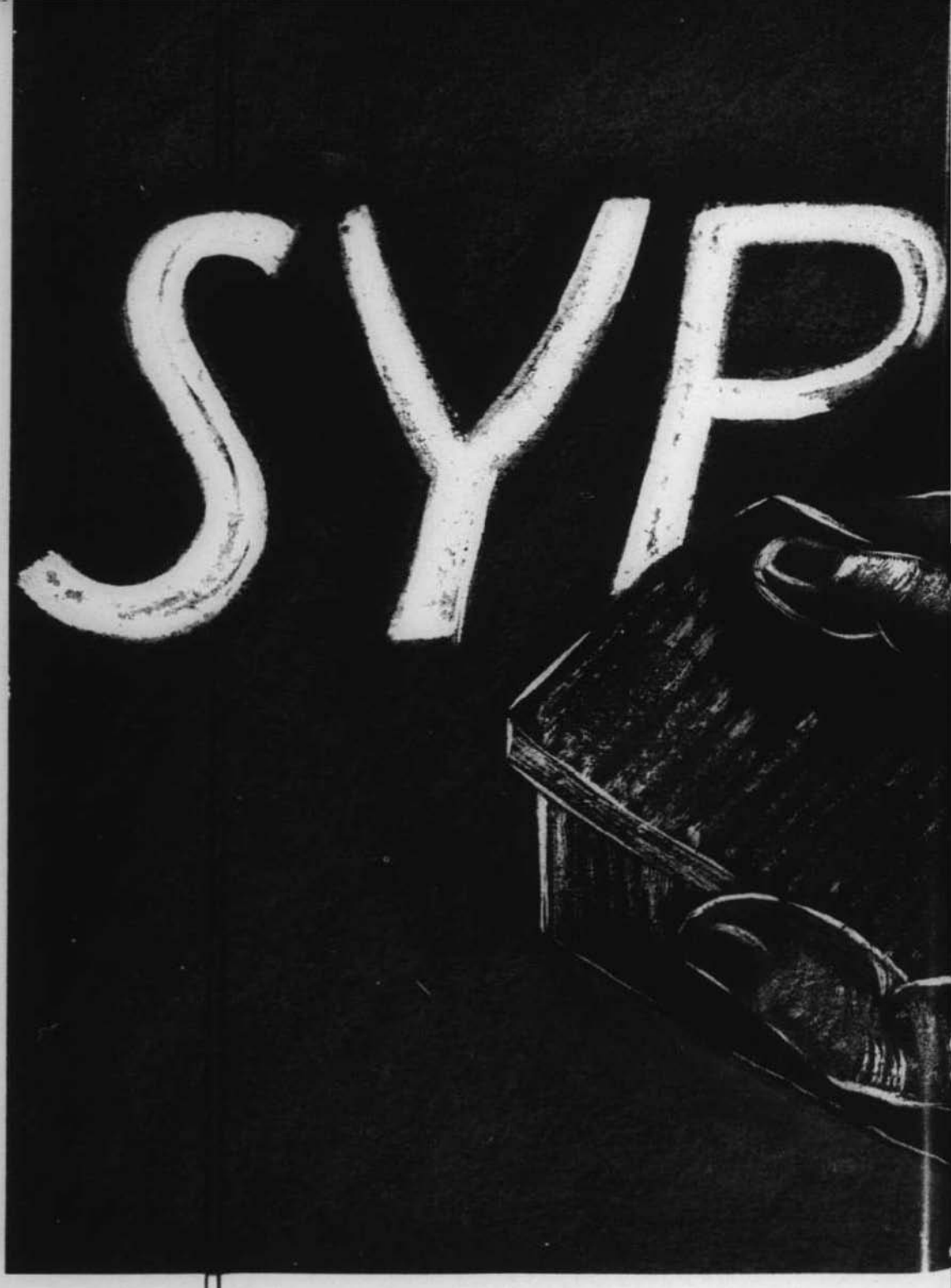
syphilitic children today. One of the results of syphilis in babies is blindness, though there are a number of other conditions which can result. A rather interesting fact is that the child must inherit syphilis from the mother. If the father is infected but the mother does not contract it from him, the baby will not inherit it.

There remains a great reservoir of unknown cases of untreated syphilis. These could be found by taking a blood test. We must emphasize and re-emphasize the importance of finding and reporting these cases. The Veterans Administration says there are over 5,000 veterans of World War I with late syphilis hospitalized throughout the United States at present which costs the government approximately $40,000 per person. Had these cases been treated in the early stages of syphilis we would not have some of our high taxes, but what is more important neither would these men be incapacitated for life. Some of the end results of syphilis are insanity, heart disease, loss of use of the legs, tumors — as a matter of fact, syphilis can attack practically any part of the body.

The dangers of inadequate treatment are many, especially that of the syphilis germ lying dormant for years and late manifestations occurring during middle age or later life. Private physicians



If it works for ball games, why not for a blood test?



WIPE OUT



SYPHILIS

and local health departments cannot stress the importance of adequate treatment too much. Once an individual is diagnosed as having syphilis, we must exert every means of seeing that he receives adequate treatment. Inadequate treatment is often worse than no treatment.

Many intelligent people fail to understand correctly the various methods by which syphilis is spread and worry needlessly. We have those who think in terms of spreading syphilis by means of drinking glasses, eating after each other, toilet seats, and many other erroneous ideas. Remember: the two most usual ways are sexual contact and by inheriting it. Syphilis germs can live but a very short time when they are away from the body.

Food handlers are required by law to have a blood test along with a chest x-ray and stool examination. Many industrial workers are required to have a similar examination. Thus, many cases of unknown syphilis are found, plus tuberculosis and typhoid carriers. This is one way of finding some of the many unknown cases. Oftentimes syphilis is contracted without any clinical (outward) symptoms whatever. Here again let us stress the importance of getting **a regular blood test.**

Often communities will have a mass syphilis survey by means of testing the blood of large numbers of people. Recently Tampa has carried out such a program. A total of 4,055 people were tested and many cases of syphilis were discovered.

Approximately 17% of all heart disease cases are traced directly or indirectly to syphilis. Approximately 10% of the persons admitted to our state mental institutions each year are there as a result of having syphilis over a long period of years; often the inmate or his family has no knowledge of a past history of syphilis until he suddenly breaks down.

There are two types of syphilis: namely, early infectious syphilis and latent (quiet) syphilis. After one is exposed he may be infectious for a period of several months or even a year or more, at the end of which time he lapses into the latent stage, oftentimes thinking he is well again since all clinical or outward symptoms have disappeared. We might say that the syphilis has then gone "underground" to continue its "undermining." We must educate each individual so that he will want to receive adequate treatment and have follow-up blood tests to determine if he



Blood tests — these men have been educated as to their necessity.

has a recurrence of syphilis germs in his system. There are about 2% relapses after treatment; hence, it is necessary for all those receiving treatment to have periodic blood tests. Remember, too — that a person who has had syphilis and has been cured can catch the disease again, if he has sexual contact with an infected person. Incidentally, any one in Florida can be treated whether he has any money or not. An inquiry to the local health department (found in all but three of our counties) will lead immediately to the proper treatment if it is necessary.

Syphilis can be cured easily today with penicillin. A few physicians still treat syphilis with mapharsen and bismuth, better known as the old standard treatment, which required shots weekly for a period of 18 months or longer. However, the majority of our private physicians and local health departments use penicillin (known as rapid treatment) in most cases of syphilis since it can be administered without fear of severe reaction and cures patients in a few short days. Thus the latter treatment proves a less financial burden on both the doctor and patient and saves time which is equally important to both.



An investigator uses educational broadcasting records, a loud-speaker system and pamphlets to carry his message.

The Florida State Board of Health, in cooperation with the U. S. Public Health Service, maintains a Rapid Treatment Center hospital at Melbourne, Florida, staffed by well trained professional personnel, for treatment of syphilis and other venereal diseases. This hospital is open to everyone regardless of financial status, race, creed or color. Private physicians in the state may refer any venereal disease cases to the Rapid Treatment Center for diagnosis and treatment. All local health departments may send cases to Melbourne at government expense if they are unable to pay their own way. All hospitalization care and treatment are free to the patient thus making diagnosis and adequate treatment within the reach for any one unfortunate enough to contract syphilis or other venereal diseases.

A planned educational program is also carried cut there in order to inform the patients how they contracted their disease and how to conduct themselves in the future to avoid contracting it again. It is a modern trend that more and more cases of venereal disease are treated in their own home county. When our facilities are such that everyone can receive excellent care at home, rapid treatment centers will probably close.

About 50% of all syphilis cases reported to the State Board of Health are from private physicians, the remaining 50% coming from county health department clinics. It is important that these known cases of syphilis be interviewed to locate their contacts. It is unfortunate that private physicians frequently do not try to find out the contacts of the person who comes to them with syphilis, but while the patients' privacy must be protected, in venereal diseases it is a question of privacy versus the public good. If we had a person with smallpox we would not hesitate to try to locate those whom he might have infected. We should do the same with syphilis. This is a very confidential matter between the patient and interviewer and is a subject which requires delicate handling by well qualified personnel. All county health departments have the services of qualified venereal disease interviewers and investigators. These services are also available to private physicians for the asking. The venereal disease investigator has the responsibility of obtaining the names of sexual contacts from a known case, referring these contacts to their family doctor or to the county health department for diagnosis. If a person is found to be infected, then the investigator must see that he receives adequate treatment either from his family physician or is referred to a county health department or the Rapid Treatment Center. This is a real task requiring utmost skill and tact on the part of the investigator, lest embarrassment and misunderstanding follow. The investigator must visit homes, industrial plants, farms, hotels, restaurants, bars, and other places looking for venereal disease suspects or known cases. He must see that the individual after receiving treatment gets his regular follow-up blood tests which have been advised by his private physician, county health department, or Rapid Treatment Center. All patients at the Rapid Treatment Center are given basic education in venereal diseases regarding methods of contracting the disease, importance of keeping in touch with his family physician or county health department and adequate treatment and follow-up care.

Syphilis is probably the most dangerous of the venereal diseases, but there are others which are disfiguring, painful and generally debiliating. They are —

Gonorrhea (which is also sometimes called "clap," "strain," "a dose," etc.), is the most widespread of the venereal diseases (five times as prevalent as syphilis) and is caused by the gonococcus germ. The symptoms are usually a pus discharge from the sexual organs. In most instances gonorrhea is contracted by

sexual contact. Gonorrhea is a non-systemic disease, which means it does not get into the bloodstream, but may attack various parts of the body. It may cause gonorrheal arthritis, especially in the legs, blindness in babies, eye infections in children and, usually pain and discomfort in the genital regions of the body, where it has been first contracted. Of course, there are other conditions which can produce such a discharge as well as gonorrhea. One of the most unfortunate results of gonorrhea is sterility — the inability of the woman or the man to reproduce children. We have a few cases of ophthalmia neonatorum (eye infection in the newborn) which may be the result of using a towel with which a gonorrhea patient has just wiped himself. A few cases are reported annually as result of a mother infecting her new baby's eyes with gonorrhea germs when it passes through the birth canal. The state law now requires that 1% silver nitrate be dropped in newborn infants' eyes immediately after birth thus preventing gonorrheal infection of the eyes which frequently results in blindness. Gonorrhea can be cured within a few short hours by the use of penicillin. Rarely do we have cases which require more than one or two injections.

Florida rates high in the number of **granuloma inguinale** cases. This is not a systemic disease as is syphilis and is usually an ulcerating infection on the genital region of the body. Granuloma inguinale is found rarely in the white race. Those persons with the disease usually require treatment over a considerable period of time. Streptomycin and aureomycin are generally accepted as two of the most effective drugs in treatment of granuloma inguinale.

Chancroid and Lymphopathia venereum are also non-systemic venereal diseases localized in the genital area. These diseases, like granuloma inguinale, require treatment over a longer period of time but can be cured. The sulfa drugs, streptomycin and aureomycin are our best known methods of treatment to date. If the last three above mentioned diseases are allowed to go untreated for an indefinite length of time, it is sometimes necessary to operate and they are often very difficult to cure.

Syphilis is our real enemy and we must foster all forces of education to bring it out in the open, as it strikes so often without knowledge to the victim or his contacts.

Do not seek medical advice from quacks or from those who call themselves "men's doctors." Go to your family physician or county health department or any reputable physician for correct diagnosis and treatment. Florida attracts, unfortunately,

those unlicensed, unethical quacks who are ready and willing to accept your time and money — with no results. Do not try to treat yourself. You are not a doctor. You may not have a venereal disease. But whatever it is you probably need some kind of medical treatment. Don't take patent medicine. You are merely wasting your money.

In this issue of HEALTH NOTES we have tried to tell you a little about the "plain facts" of the venereal diseases. There is much more which could be said on the subject, but if everyone who reads this would pass this booklet on to someone else, perhaps we would be in a small way carrying on the greatest preventive measure in venereal disease — education.

SO ALL MAY KNOW

There have been many materials devised for teaching about the venereal diseases. A few of those which the State Board of Health has available are listed:

FOR ADULTS OF LIMITED EDUCATION

Pamphlets (comics)

Joe Wises Up — published by Health Publications Institute.
A Straight Tip " " " " "
No Drug " " " " "
Sidewalk Romance " " " " "

FOR YOUNG ADULTS (TEENAGERS)

Pamphlets

Health for Girls—published by American Social Hygiene Association.
Solid Facts for Teen-age Folks—published by Health Publications Institute.
Learn the Facts—published by Metropolitan Life Insurance Company.
Venereal Diseases—published by Metropolitan Life Insurance Company.
Women and Their Health—published by American Social Hygiene Association.
Health for Man & Boy—published by American Social Hygiene Association.

Films

Feeling All Right (Negro cast)
Subject for Discussion
Magic Bullets

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Frances E. M. Read, M.D.
Mental Health Program
Heart Disease Control

All counties in Florida have organized county health departments except
LEE, ST. JOHNS, and COLLIER COUNTIES

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FOR ADULTS WITH AVERAGE 8-12 YEARS EDUCATION

Pamphlets

Out in the Open—published by Health Publications Institute.

Gonorrhea, Its Cause, Spread & Cure—published by U. S. Public Health Service.

Syphilis, Its Cause, Spread & Cure—published by U. S. Public Health Service.

How Superstitious Are You?—published by Health Publications Institute.

What Every Woman Should Know—published by Health Publications Institute.

Protecting the Unborn Baby from Syphilis—published by U. S. Public Health Service.

Health for Man and Boy—published by American Social Hygiene Association.

Why a Blood Test?—published by American Social Hygiene Association.

Women and Their Health—published by American Social Hygiene Association.

Films for All Adults

Feeling All Right (Negro cast)
Message to Women
Our Job to Know
Plain Facts
Fight Syphilis
Know for Sure
Health Is a Victory
To the People of the U. S.
Subject for Discussion
Magic Bullets

FOR PROFESSIONAL PERSONNEL (DOCTORS, NURSES, etc.)

Films

Diagnosis & Treatment of Syphilis
Syphilis



An interview is a private affair when venereal disease contacts are requested.

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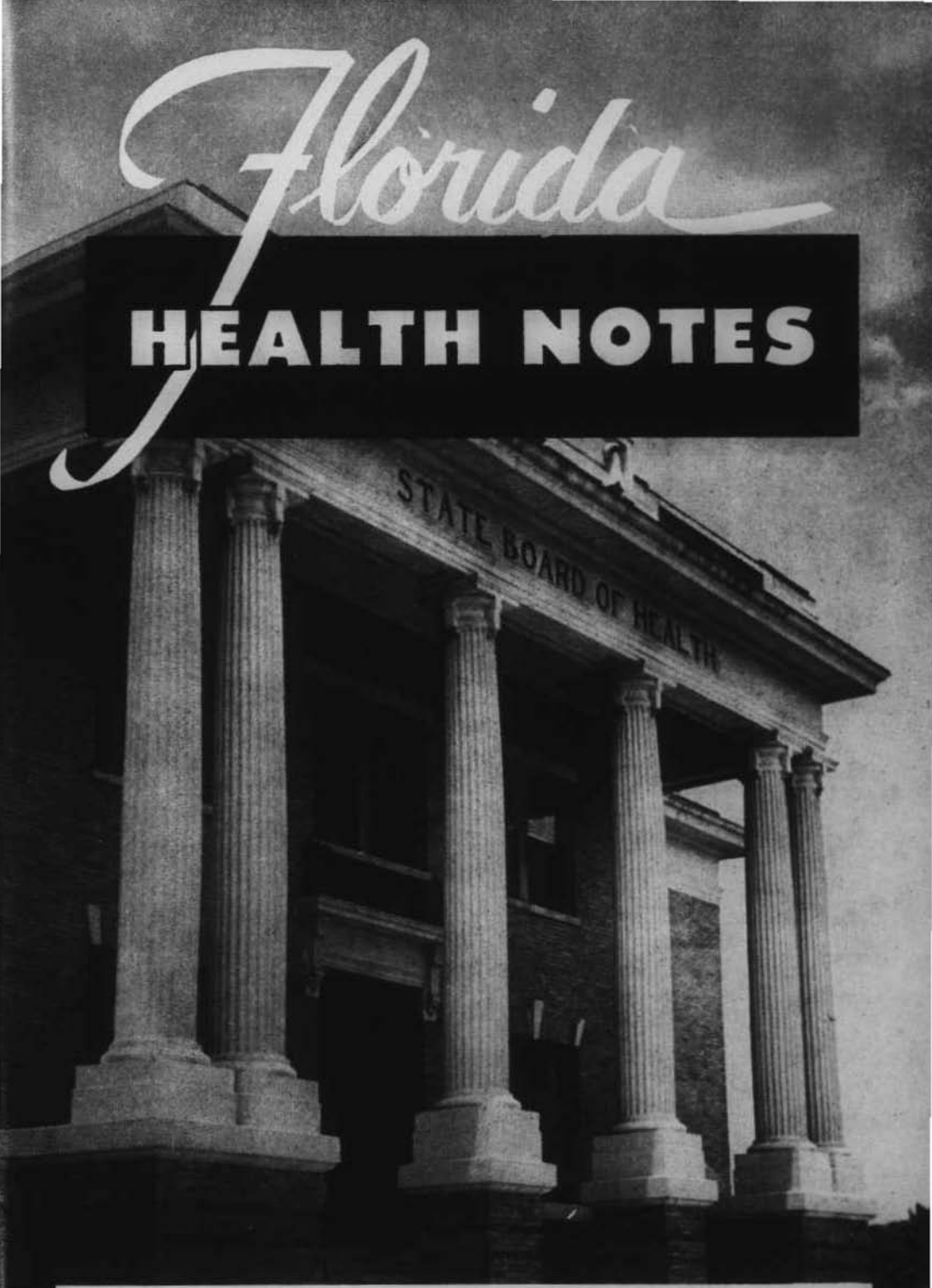
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Florida HEALTH NOTES



DECEMBER
1950

AND SO—ANOTHER YEAR

Vol. 42
No. 10

And So—Another Year

What is the average Floridian's chances of living to a healthy and productive old age? The annual report of the Florida State Board of Health for 1949 shows that the chances are good and getting better all the time.

For it is apparent that during the 12 months of 1949 gains of the previous years not only were maintained, but in most instances further advances have been scored.

This is a brief digest of the report, which runs to many thousands of words, illustrated with scores of tables, maps, graphs and charts which portray in detail progress being made in Florida to make this state a healthier place in which to live. This issue of Florida Health Notes will summarize that report. For those who wish to know more in detail the activities of the State Board of Health for 1949 and of the progress made by this state in the public health field, copies of the report may be studied at the various County Health Departments or at the State Board of Health headquarters in Jacksonville. Printing expense forbids extensive distribution of the full reports, but copies will be made freely available to those needing or desiring more complete information for educational or research purposes.

We want to make it clear at the beginning that the State Board of Health and the County Health Departments are by no means the only agencies in the public health and health education field. There are many organizations, both governmental and private, who are contributing their efforts toward making the health picture brighter in Florida. Many of the agencies, such as the Tuberculosis and Health Associations, branches of the American Cancer Society, the Heart Associations and others who in addition to maintaining their own projects, work in cooperation with the State Board of Health on programs of mutual concern.

Then, again, the State Board of Health looks to other agencies for financial assistance on a variety of projects. Although Florida is far ahead of most of the states in its dependence upon its own resources, it is indebted in no small measure for this added help. Among those agencies contributing financially are the U. S. Public Health Service, the U. S. Children's Bureau, the Commonwealth Fund for assistance in supporting the Field Technical Staff and the Field Training Center; the pulp and paper industry for research in pulp waste disposal, the phosphate industry for research

in phosphate waste disposal, and the Rockefeller Fund for typhus survey projects. It might be added that Florida is a favorite proving ground for health research projects, as indicated by the cooperative enterprises listed above.

Meanwhile, for the benefit of those who came in late, or have just moved to Florida, it might be well to outline briefly just what the Florida State Board of Health is, and how it functions. For it is a state governmental institution whose activities every day touch the lives of its citizens, from before they are born (prenatal education) until after they are dead. In the latter instance, it is a true but little known fact that the State Board of Health has the final say as to how and where the body shall be buried.

In accordance with Florida law, responsibility for safeguarding and advancing of the health of the State's residents is placed upon the State Board of Health. That state agency's governing body is composed of five members, appointed by the governor. At the present time the five-member board consists of three physicians, one dentist and one pharmacist.

Board members serve without compensation. In actual practice, the board is a policy-making group, determining the nature and scope of the work to be done. They also approve generally the grouping of activities into bureaus, divisions and sections. Board members, in periodic sessions, hear progress reports, study proposals for new legislation in the public health field and decide the course of action where such legislative proposals are concerned. The board also passes on budgetary proposals to be submitted to the State Legislature when that body assembles in the State capital in Tallahassee every two years. The five-member group also works with State and County Medical Associations and Societies in establishing county health departments and in designing programs of benefit to the citizens of Florida.

The board turns to the State Health Officer to put their policies and suggestions into action. The State Health Officer, appointed by the state's chief executive for a four-year term, not only is responsible to the board and to the governor for the efficient operation of all the state health agency's units, but has many duties which he alone can perform.

FLORIDA HEALTH NOTES

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One of Florida's more progressive — and wealthier — counties has provided this up-to-date health center building. Florida needs more of these health centers.

His first duty is that of administering the entire program laid out by the Board. He must select suitable persons for specific jobs, and supervise their work to assure best results. To accomplish this without becoming hopelessly bogged in administrative detail, he must share his responsibility and authority with key personnel who operate the various bureaus, divisions, sections and other subdivisions. These Bureau and Division directors report to the State Health Officer, who is guided by these reports much as a general is guided by his staff.

Here it might be well to explain the relationship of the State Board of Health to the various county health departments which do the actual work of serving Florida's population. It is the function of the State Board of Health to assist counties in establishing

county health departments when the counties request such assistance through Boards of County Commissioners.

Money, which is provided by the State Legislature to assist county health departments in their operations, is channeled through the State Board of Health Bureau of Local Health Services and the state agency's Bureau of Finance and Accounts. These state funds supplement money supplied from County Commissioners and other local sources to carry on the county health programs. In addition, staff members and workers of the State Board of Health assist as it can in seeking solutions to problems faced by the various County Health Departments. County Health Departments, it might be added, are almost entirely locally governed bodies. But such local departments must have a basic public health program to receive State and Federal money to assist their work.

Diamond Jubilee Review Shows Death Toll Drops

Yellow fever helped to bring the State Public Health program into existence more than any other factor. So it was in 1889, in response to public demand, that the State of Florida took concrete action to defend its people against disease that only a public health program could eliminate.

Although birth and death registration was first required by law in 1899, it was not until 1917 that the State Board of Health considered its vital statistics records trustworthy enough for comparison. Herewith are figures for 1917 as compared with 1949:

	Death Rates Per 1,000 Population		Death Rates Per 100,000 Population	
	1917	1949	1917	1949
All Causes	13.1	10.4		
Tuberculosis			118.9	25.9
Syphilis			22.6	7.6
Typhoid			24.2	0.2
Diphtheria			10.1	0.4
Whooping Cough			5.4	0.2
Measles			18.6	0.3
Malaria			29.9	0.3
Dysentery			29.4	0.9

Added to the above is the phenomenal reduction in the hazards of birth both to mother and infant. In 1917, for instance, of every 10,000 women who sought to bring a new life into the world, 116 died in the attempt. By 1949 that figure had dropped to 18 per 10,000 births. Better medical skills and health techniques also were beating down the death toll for infants. In 1917, more than one out of 10 newborn babies were destined never to see their first birthday. By 1949, the death rate had been cut more than two-thirds, to 33.6 deaths per 1,000 live births. It is the saving of life in infancy that has been the greatest factor in lengthening the average life span from 53 years in 1917 to approximately 67 years in 1949. The State Board of Health and the health professions, pleased as they are with progress made in saving the lives of mothers and babies, continued to push hard in 1949 for a still further reduction in deaths from this cause. Research and new techniques were putting more powerful weapons in their hands in the fight against what they considered many needless deaths.

Public Health Highlights Sketch Dramatic Picture

Highlights of State Board of Health activities for the year 1949 show the following progress and achievements:

PREVENTABLE DISEASES — Most encouraging development in this field from the public health standpoint was the reduction in deaths from typhoid and paratyphoid and from diphtheria. In diphtheria, for instance, the number of deaths fell from the reported 314 in 1948 to 102 for 1949. Similarly, typhoid and paratyphoid deaths dropped from 112 in 1948 to 73 in 1949. On the other hand, the apparent increase in the number of other diseases reported, such as tuberculosis, which advanced from 4,853 cases noted in 1948 to 6,467 cases in 1949 was taken as an indication that more of these diseases were being discovered in the earlier stages, with consequently a better chance for recovery.

With the exception of cancer and the cardiovascular (heart) diseases, death rates continued a definite downward trend during 1949, which, percentage-wise, has been remarkable in many instances. Special stress has been placed upon the reduction of infant and maternal deaths, as noted above, because the rates are still substantially higher than the national averages.

It might also be noted that for the first nine months of 1949 the cancer control program was seriously hampered by a shortage of funds. Fees for physicians were reduced and only those cases showing good possibility of recovery were accepted for state aid.



Several Florida Counties have declared aerial warfare on mosquitoes and other small flying pests that endanger or just merely annoy people and animals. Here a tank truck is used to fill the spray tank of a small plane much used in this work.

LOCAL HEALTH SERVICES — During 1949 one more county, Martin, came into the full-time health service program, and plans were launched for the formation of Health Departments in St. Johns and several other counties.*

During 1949 there was an increase in the number and quality of public health programs administered on the local level. This was due in part to an increase in the number of full-time personnel and increases in salaries which attract well-trained persons; an increase in the number of county health departments and an increase in the percentage of population served.

*(Editor's Note: As this is written in October 1950, county health departments are already in operation or in the planning stage for every county in Florida except Collier).

TUBERCULOSIS CONTROL — Approximately 346,000 small X-ray films were made during 1949 in a continuing search for the early signs of tuberculosis, along with 30,000 films in the 14x17 inch size to assist in confirming suspicious signs noted in the smaller films. These X-ray surveys, conducted in cooperation with local Tuberculosis and Health Associations, were largely credited in discovering 3,347 new cases of tuberculosis.

Facilities to help carry the increased case load were being provided by the construction of a new tuberculosis hospital at Lantana, under direction of the State Tuberculosis Board. (The hospital was completed in the Spring of 1950 and began taking patients the following August.)

VENEREAL DISEASE CONTROL — Effects of the continuing fight against syphilis and gonorrhea, aided by the use of new drugs which speed treatment and consequent cure, began to be felt. During 1948, for instance, there were 18,088 cases reported, as compared with 14,605 cases during 1949. For syphilis, there were 14,823 cases in 1948, as contrasted with 12,304 cases in 1949.

It is believed by those most concerned with this problem that these decreases represent an actual decline in these diseases. During the year approximately 7,000 were admitted to the Rapid Treatment Center.

CANCER CONTROL — Applications for State aid to cancer cases were approved for 1,052 patients. New clinics were contemplated and proposed in Tallahassee, Orlando, and Lakeland, and by the close of 1949, with the receipt of new revenue from the State, it was again possible to make plans for the added clinical services at other key locations in the State.

The Cancer Control law for which state funds were provided by the 1947 Legislature offers a four-point program which included: (1) Education; (2) Establishment of tumor clinics; (3) Tissue diagnostic service to all needy patients, and; (4) Financial aid in diagnosis and treatment of medically indigent patients within the limits of available funds. To provide these services a State appropriation of $200,000 per year was made available by the Legislature beginning with the fiscal year July 1, 1947. The amount was increased by the 1949 Legislature. However, only 75 per cent of the over-all appropriation was made available for the months of July through September. Beginning October 1, 1949, 90 per cent of the funds were made available through the balance of the year.

DIABETES CONTROL — A significant change took place in the field of diabetes control during 1949. Since February 1947, a diabetes demonstration unit had been active as a cooperative project of the U. S. Public Health Service, Florida State Board of Health, Duval County Health Department, and the Jacksonville City Health Department, in cooperation with local and state medical associations. During its existence, the diabetes demonstration unit proved its value in locating diabetics and steering them to private physicians for treatment necessary to extend and save their lives.

On October 22, 1949, the new Division of Diabetes Control was organized to carry on this work on a statewide basis. The director of the demonstration unit has been loaned temporarily to the State Board of Health by the U. S. Public Health Service to continue the already good work accomplished by the demonstration project.

Since insulin is essential to save the lives of many diabetics, the State through its Legislature has been supplying funds for a number of years to purchase insulin for indigent victims of this glandular disorder. Legislative appropriations for this purpose have grown steadily as more diabetics needing insulin have been discovered through a growing case-finding program. The first appropriation, in the amount of $7,500, was made by the 1935 session of the State Legislature. No appropriation was made by the 1937 Legislative session. In 1939, however, this service was restored and the amount allotted has grown steadily. In 1949, the State Legislature appropriated $60,000 annually for the next two-year period. This sum, however, is not only for the purchase of insulin for distribution to indigents, but to help finance a growing case-finding and health education program in the field of diabetes control.

SANITARY ENGINEERING — This Bureau continued with its task of cutting down basic environmental health hazards in faulty sewage disposal methods and in public and private water supplies. A total of 39 new water treatment plants and 36 sewage disposal plants were begun, with an estimated valuation of $18,795,840. This, in addition to construction work of previous years, caused Florida to lead all other Southern States combined in this type of work and put it in high-ranking position with the biggest states in the nation. Plans for new water plants and facilities were approved for 62 localities, while 18 construction proposals were sent back for further study by local authorities. Eight industrial waste treatment projects were launched. Thirty-two stream pollution surveys were conducted in 27 counties, with six of the projects still in progress at the close of 1949.



These white-uniformed bacteriologists at the Florida State Board of Health Central Laboratory at Jacksonville use powerful microscopes to hunt down the germs that cause illenss among humans and animals

LABORATORY SERVICES — The number of laboratory examinations in 1949 continued to increase, going over the 2,000,000 mark, as compared with 1,930,248 such tests made in 1948. Both the Central Laboratory in Jacksonville and the branch laboratories located over the state were hard-pressed for space in which to handle the increasing load. Research achievements included the isolation of a new virus related to that of poliomyelitis from five patients in Florida.

In addition to the Central Laboratory, five regional laboratories are in operation at Tampa, Miami, Pensacola, Tallahassee, and Orlando. The general diagnostic laboratory services are divided between the Central and the Regional laboratories. The counties most accessible to Jacksonville are served from the former, and the remainder of the State is served from the regional laboratories.

HEALTH INFORMATION — This division is busy with the task of spreading the word on good living habits that make for good health. By means of speeches, informal talks, workshop sessions, radio programs, moving pictures and literature of a wide variety, its members are busy telling the good health story. Its principal activities include the preparation of the monthly publication, **FLORIDA HEALTH NOTES**, with each issue devoted to some specific phase of health. Another function is the operation of a medical library, a valuable tool for doctors, dentists, nurses, health educators and public health workers. Its facilities also are available to teachers, social workers and others.

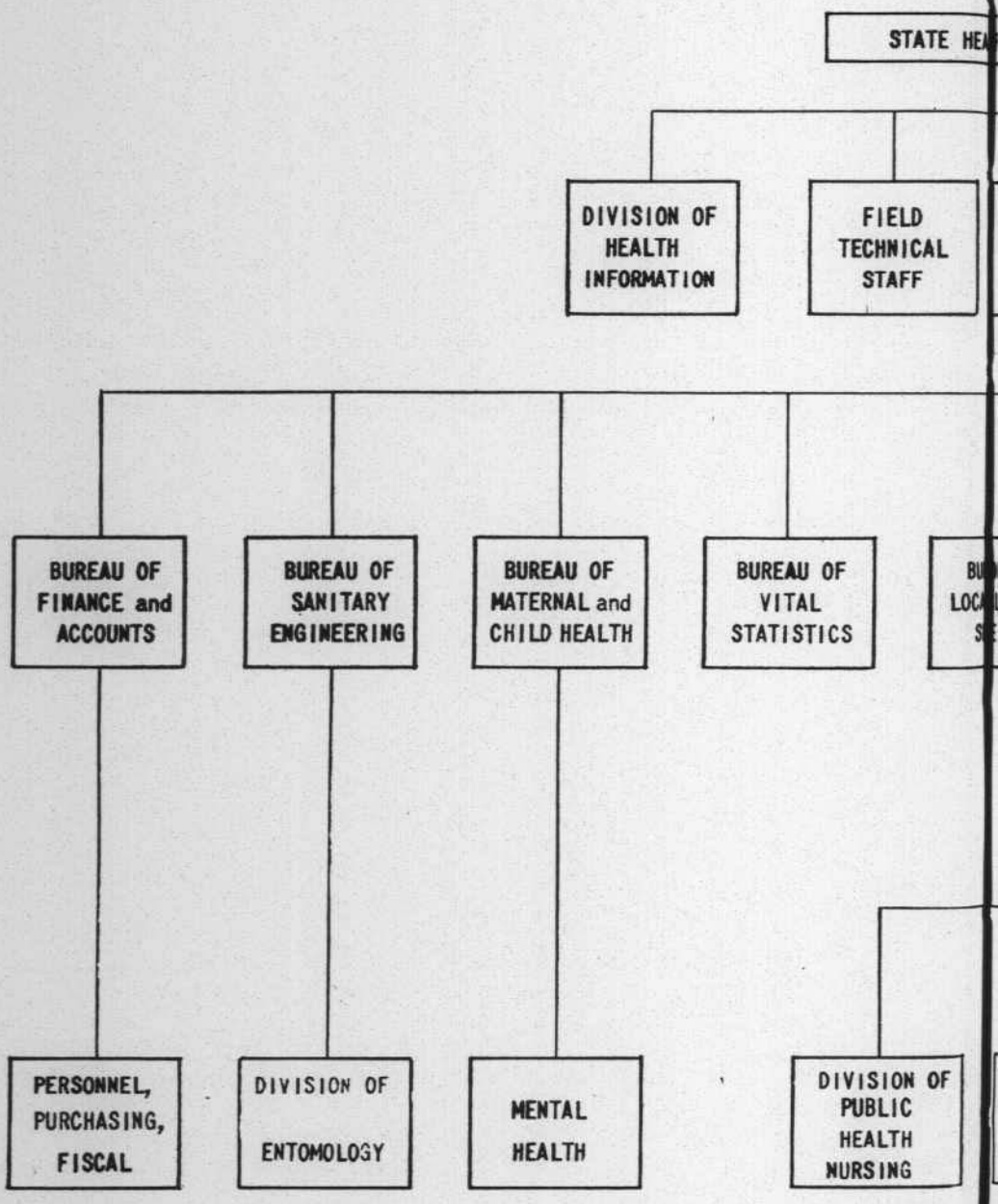
Still another important function is the operation of the Food Handlers Training Program. Classes in food handling, embracing instruction in basic bacteriology, food sanitation, insect control and other food handling problems have been staged in a number of counties, with local sponsors assisting substantially with the task. The Food Handlers Training Program has cooperated with the U. S. Navy in staging joint training programs at a number of Naval stations and bases.

ENTOMOLOGY — State responsibility for mosquito control was recognized in a legislative appropriation of $350,000, depending upon available funds for this purpose. Due to the lowered incidence of malaria in Florida, the U. S. Public Health Service informed the State Board of Health that Federal funds previously allotted for mosquito control would cease as of the end of the Federal Government's fiscal year, June 30, 1950, thereby throwing the financial burden upon the state.

DENTAL HEALTH — A full-time director was employed during 1949. Demonstration of the use of sodium flouride applied to the teeth of children as a means of halting or slowing the development of cavities was carried out in eight counties. A total of 5,263 elementary school children took part in this experiment. Six counties maintained full-time dental service, resulting in a total of 37,492 examinations and 23,488 dental corrections.

One significant development during 1949 from the standpoint of dental health was the addition of sodium flouride under carefully controlled conditions to the Gainesville city water supply. This experiment is being watched with a great deal of interest. In addition, a firm selling bottled water is adding flourine to its product, also under careful control conditions.

Florida State

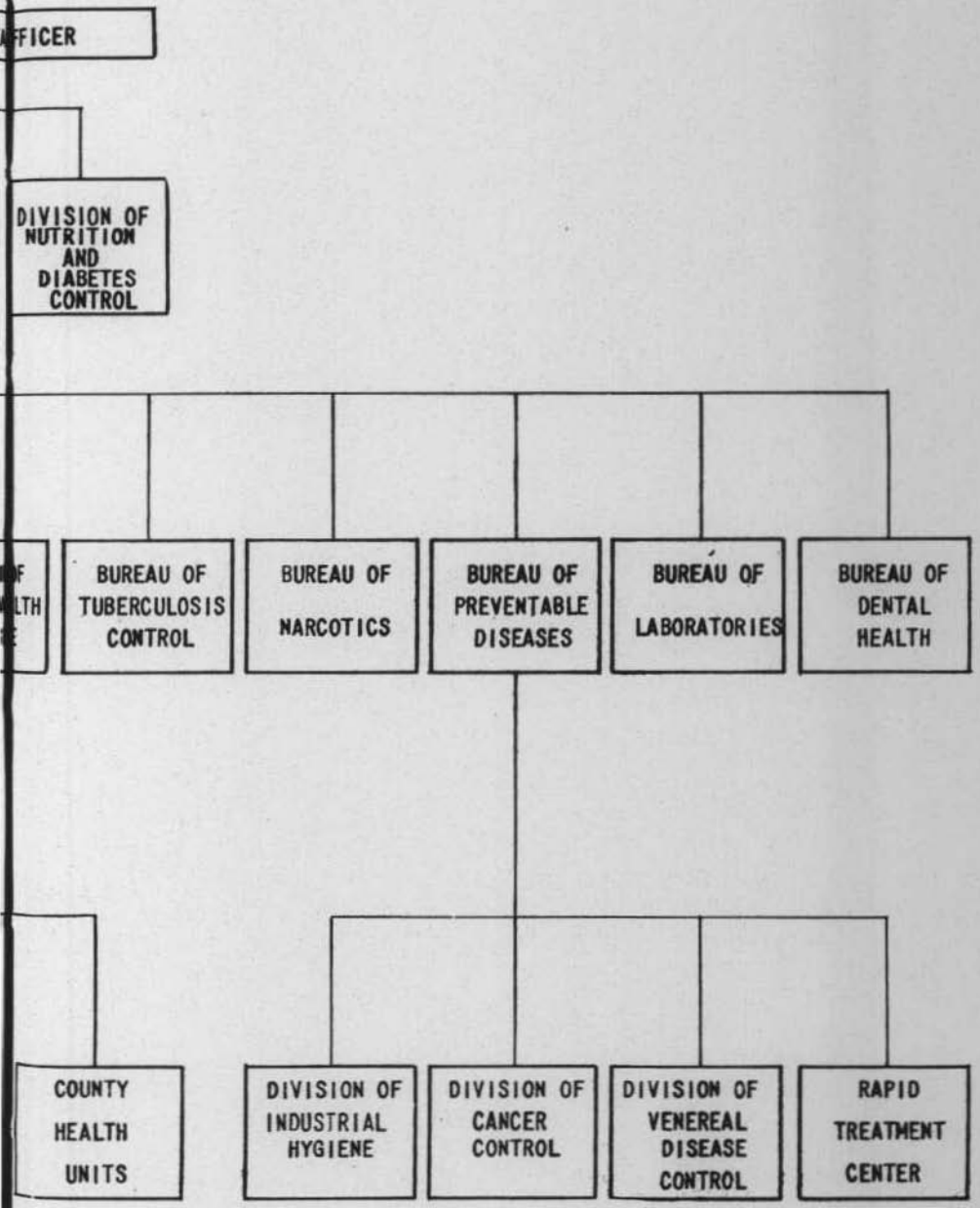


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LORIDA

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PUBLIC HEALTH VETERINARY SERVICE — Cases of animal rabies dropped from 332 reported in 1948 to 60 in 1949. There were no human cases. Efforts to continue eradicating Bang's disease in cattle, which produces undulant fever in humans, was a principal target of the agency. In addition, more attention was being paid to the diagnosis and treatment of larva migrans, more commonly known as creeping eruption. This skin infection is transmitted to people from the feces of infected dogs and cats, and is difficult to cure.

MATERNAL AND CHILD HEALTH — Maternal Mortality Survey committees were being organized and put into operation in several of Florida's counties during 1949 under auspices of County Medical Societies at the suggestion of the State Board of Health. Committees formed in 1949 are located in Dade, the first one formed; Duval, Palm Beach, Orange and Hillsborough Counties. (The work continued in 1950 with formation of similar groups in Leon and Alachua Counties.)

These committees already are learning that a substantial percentage of the state's maternal deaths can be prevented, largely through the use of modern techniques. It is estimated that at least six more committees in key counties are needed for this purpose. In addition, there have been appointed 14 county committees to study premature infant deaths.

Work in the interest of premature infants has been a major activity. Approximately 200 incubators, vital to the preservation of the life of a baby born too soon or born in a weakened condition, are owned by institutions. An additional 72 acquired by the State Board of Health are on loan to counties. The State Board of Health also owns and makes available to the counties 32 especially-equipped carriers or "portable incubators" for transporting premature infants.

The hearing program in the schools has received special attention from the State Board of Health through the use of funds for demonstration purposes from the Children's Bureau of the Federal Security Agency. In addition to the audiometers (devices for measuring hearing ability) previously supplied to local health units, six group audiometers were purchased in 1949.

MENTAL HEALTH AND HEART DISEASE — With the decline of the epidemic diseases as the principal health foes of mankind, mental health and heart disease take on increasing importance as health problems. Public interest in the problems of mental health is growing. During 1949, the facilities of the six clinics in Bartow, Miami, Orlando, St. Petersburg, Tallahassee and Tampa were extended to take care of 800 additional patients.



Good dental health helps to assure stronger, healthier teeth in adult life. Here a group of school children stare with interest as one of their classmates undergoes a dental examination.

Postgraduate institutes in Mississippi and at Jacksonville afforded training in mental health to 63 doctors and nurses in public health and institutional service.

Recognizing heart disease and kindred cardiovascular disorders as the greatest killers of them all, the State Board of Health began putting more emphasis on this problem in 1949. The work was made possible by a grant of funds from the U. S. Public Health Service. Being a new project, its first objective has been further education for the medical profession and information for the lay public.

In view of the fact that it is important for the public to learn the true nature of adult heart disease, a considerable amount of these funds have been expended on suitable pamphlets on heart disease for general distribution. Moving picture films have been obtained and shown at public gatherings. Plans for staging a cardiovascular institute for physicians were pushed, in cooperation with the Miami and the Florida Heart Associations, the

Florida Medical Association, the Dade County Medical Society and the Florida State Board of Health.

In addition, a special study project has been set up in Pensacola, Escambia County, as a joint research project by the U. S. School of Aviation Medicine and Research and the State Board of Health. The general purpose of this project is two-fold: first, to determine the incidence of heart disease and cardiovascular disorders in a representative group of Florida school children; second, to establish normal values for electrocardiograms in healthy subjects ranging in age from 10 to 19 years of age. The cooperation of school authorities and parents of the children has been excellent. This study has received the endorsement of the Escambia County Medical Society.

WORK HAZARDS ERASED — The State Board of Health Division of Industrial Hygiene was active during 1949 in decreasing health hazards in a number of employment fields. A total of 236 visits were made to 170 industrial plants and 29 studies of potential hazards were done. Improvements were recommended in 38 cases and 19 improvements of working conditions were obtained. The work of surveying new industries was continued. The chemical laboratory made 493 analyses on the 240 samples submitted. The occurrence of new potential hazards again widened the range of laboratory work. This agency was instrumental in spreading a warning on the deadly effects of parathion when used as an orchard spray without following directions laid down for its safe use.

PUBLIC HEALTH NURSING — Personnel attached to this division of the State Board of Health engaged in a wide variety of activities during 1949. In addition to serving as consultants to nursing divisions of County Health Departments, they took part in a number of institutes. The Medical College in Richmond, Va., offered a two-week course in supervision which one of the field supervisors attended.

The director of the division attended a conference in Atlanta, Georgia, on recruitment and training problems of public health nursing in the Southeastern States. The division also worked in cooperation with the Bureau of Maternal and Child Health in licensing 437 midwives. The state certified nurse midwife consultant held 18 midwife institutes during 1949 to educate them in more modern methods of care of mother and newborn infant.

ON LIFE AND DEATH — It is to the Bureau of Vital Statistics that we turn for information concerning births and deaths in Florida. This bureau also has become known to many Floridians who have had to obtain birth certificates. The Bureau issues a

multitude of figures and statistical tables containing much important, though sometimes tedious, information — unless you just happen to like reading figures. Much of their data are carried in a supplementary report which is freely available through the State Board of Health and at local County Health Departments through-



Checking on job hazards is an important function of the State Board of Health Division of Industrial Hygiene. A laboratory chemist takes air samples at the scene of a manufacturing operation to determine if the air is sufficiently polluted to be dangerous to the worker.

out the state. Herewith is a table showing births and deaths in Florida from 1931 through 1949, and reflecting the declining death rate in this state for that period:

RESIDENT BIRTHS AND DEATHS WITH RATES
(Per 1,000 Population) FLORIDA, 1931-1949

Years	Population	Births	Birth Rate	Deaths	Death Rate
1949	2,661,000	61,642	23.2	25,317	9.5
1948	2,563,800	59,685	23.3	24,505	9.6
1947	2,466,600	60,201	24.4	24,150	9.8
1946	2,369,400	54,347	22.9	22,750	9.6
1945	2,272,200	48,839	21.4	22,594	9.9
1944	2,196,195	49,186	22.4	23,251	10.6
1943	2,125,935	46,763	22.0	23,213	10.9
1942	2,055,675	40,675	19.8	21,144	10.3
1941	1,985,415	37,351	18.8	21,438	10.8
1940	1,915,155	33,696	17.6	21,458	11.2
1939	1,853,660	32,437	17.5	20,209	10.9
1938	1,795,322	31,101	17.3	19,949	11.1
1937	1,736,984	29,529	17.0	19,825	11.4
1936	1,678,646	28,116	16.7	20,050	11.9
1935	1,620,308	28,058	17.3	19,059	11.8
1934	1,585,596	26,722	16.9	19,518	12.3
1933	1,557,976	25,647	16.5	18,112	11.7
1932	1,530,356	27,242	17.8	17,721	11.6
1931	1,502,736	26,789	17.8	17,291	11.5

THE FOOD WE EAT — Realizing that a good, well-balanced diet is essential to good health, the Division of Nutrition Investigation and Services (combined with the Diabetes Control program in 1950, to function as a part of the newly-created Division of Nutrition and Diabetes Control), set up a nutrition program to accomplish two major objectives:

1. To study, analyze and appraise nutrition problems in Florida to determine causes of the major conditions found, and to evaluate methods of prevention;

2. To assist local health departments and other agencies by demonstration and other means in appraising nutrition problems among population groups with whom they work, and to aid them in utilizing available information effectively in the solution of such problems.

Florida is one of the few states which have taken definite steps toward putting public health nutrition work on a sound basis as that of other public health activities. The division's nutrition

section, however, is still small, and must of necessity avoid scattering its efforts over too many activities and areas at present. One of the nutrition section's major projects is to devise diets for diabetics and victims of cardiovascular disorders.

NARCOTICS FIGHT PUSHED — The State Board of Health through its Bureau of Narcotics, continued its aggressive warfare on illegal use of narcotic drugs. This agency also continued the task of enforcing the State Drug and Sign Act and the Medical Practices Act.

In the enforcement of the narcotics law, the bureau's agents made 59 arrests. Of these cases, three were dropped by the courts, and three defendants were acquitted. Those found guilty drew a total of 101 years, five months and one day, while fines assessed totaled $750. Eleven arrests were made under the State Drug and Sign Act, resulting in fines of $1,147.75 and sentences totaling one year.

Under the Medical Practices Act, seven persons were arrested. Sentences imposed on those found guilty totaled three years.

FIELD TECHNICAL STAFF — The Field Technical Staff completed its third year of operation December 31, 1949. This agency, in addition to financial assistance from state and federal allotments, also received help from the Commonwealth Fund, because of the latter organization's interest in the training and education of health workers. The purpose of the Field Technical Staff is to assist County Health Departments with local problems and health planning, not as a team but as individuals. These field consultants also advise on the keeping of proper record systems to determine more accurately existing health conditions. Another primary objective is the exchange of information between the State Board of Health and the County Health Departments.

FIELD TRAINING CENTER — A little-known but important project operated by the State Board of Health is the Field Training Center at Gainesville. This facility operates a public health training program for doctors, nurses, sanitarians and clerks. During 1949 persons from this group spent a total of 3,375 days receiving special instruction in their particular phases of public health work.

The general acceptance by county health officers and their staffs of personnel who have been through the training center is one proof of the value of the educational program it provides.

LAST BUT NOT LEAST — There are several agencies at the State Board of Health with which the general public has little or

no contact. These agencies, however, are vital to the successful operation of the organization. We are speaking now of the Bureau of Finance and Accounts, which keeps up with where the money comes from and where it goes; Purchasing and Property, which provides supplies and maintains buildings and equipment, and the Office of the Personnel Supervisor. It is the function of the latter to keep the State Board of Health properly staffed with trained personnel under regulations laid down by the State Merit System. In addition, the Personnel Office is charged with keeping employment records accurately and up to date, and with the preparation of payrolls for the approximately 1,200 men and women who carry on the manifold duties of a statewide public health agency.

On December 31, 1948, there were 1,185 State employees and 31 Federal employees. On December 31, 1949, there were 1,216 State employees and 36 Federal employees.

During the year there were 350 employments and 319 terminations among State employees.

On December 31, 1949, the Merit System status of employees of the Board was as follows:

Permanent and Probational	886
Provisional	102
Temporary	1
Emergency	6
War Duration	0
Exempt and Part-time	221
	1,216

During the year specifications were adopted for 5 new classes; specifications were revised for 19 classes and 2 classes were abolished.

Of these employees only about 300 are in the direct employ of the State Board of Health. The balance are employed by local County Health Departments covering the state from Jacksonville, to Pensacola on the west, to faraway Key West at the very southern tip of Florida.

SEE BACK COVER BEFORE READING THIS

The quotation on the back cover page was written by Lemuel Shattuck, a Boston, Mass., bookseller, just 100 years ago. His optimistic belief that public health measures could extend the life span of the nation's population has been justified. For instance, in 1800, the life expectancy at birth was 35 years. By 1950 the predicted life span has reached an estimated 67 years.

Here Is Where Our Money Went

FOR OPERATING EXPENSES

FISCAL YEAR ENDED JUNE 30, 1949

	Amount
Salaries	$2,896,461.23
Other Personal Services (includes fees for clinical services and for Vital Statistics Registrars and Cancer services)	251,307.67
Travel Expenses, including subsistence and lodging	494,737.21
Communications	71,344.49
Supplies and Materials	313,840.33
Printing, Binding and Publicity	26,109.35
Repairs, Maintenance and Alterations	43,633.28
Rents	32,266.33
Miscellaneous Payments	23,569.04
Outside Laundering and Cleaning	7,700.55
Legal Expenses	2,883.24
Freight, Express, Drayage	6,329.89
Insurance and Bonds	14,962.52
Drugs and Biologicals	97,480.02
Hospital and Convalescent Care	35,115.52
Merit System	12,438.14
Emergency Maternal and Infant Care for Eligible Servicemens' Families	7,777.98
TOTAL OPERATING EXPENSES	$4,337,956.79

CAPITAL EXPENSE	Amount
Equipment	$ 175,224.58
Building Construction and Real Property	46,048.90
Total Capital Expense	$ 221.273.48
TOTAL OPERATING AND CAPITAL EXPENSE	$ 4,559,230.27
NON-OPERATING DISBURSEMENTS	
Transfers from Fee Account and Special Revenue Account Balances to State General Revenue Fund	$ 38,862.46
Total Non-Operating Disbursements	38,862.46
TOTAL DISBURSEMENTS	$ 4,598,092.73

FOR PROGRAMS AND OTHER ACTIVITIES

ACTIVITY	Amount
Health Service to Mothers, Infants, Preschool and School Children	$1,030,037.86
Statewide Venereal Disease Control, Diagnosis and Referral of Infectious V. D. Patients to Rapid Treatment Center and Operation of Rapid Treatment Center	765,501.17
Sewage and Waste Disposal, Water Supply and Treatment, and General Public Health Engineering and Sanitation Operations	498.628.11
Statewide Tuberculosis Control, X-Ray Surveys and Follow-up Work	459,648.92

Here Is Where Our Money Went (Continued)

Statewide Mosquito, Pest Control, and Structural Pest Control Law Enforcement	294,758.29
Statewide Cancer Control Program	242,027.63
Vital Statistics Records and Reports	123,359.22
Public Health Training Program	92,087.84
Mental Health Program	65,738.61
Narcotic, Drug, Medical Practice Law Enforcement	58,181.19
Purchase of Insulin and Diabetic Education	34,225.87
Nutrition Investigation and Services	29,316.94
Statewide Dental Health Program	25,834.11
Industrial Hygiene Program	19,284.38
Merit System Operation	12,438.14
General Health Program, Education and Administration	808,161.99
TOTAL OPERATING AND CAPITAL EXPENSES	$4,559,230.27

These Were Your County Health Officers in 1949

Alachua	Frank M. Hall, M.D., M.P.H.
Baker-Nassau	John W. McClane, M.D.
Bay	Franklin H. Reeder, M.D., M.P.H.
Bradford-Clay-Union	A. Y. Covington, M.D., M.P.H.
Brevard-Osceola	James H. Wells, M.D.
Broward	Paul W. Hughes, M.D., M.P.H.
Calhoun-Gadsden-Liberty	Edward C. Love, Jr., M.D.
Charlotte-DeSoto-Hardee	John C. McGuire, M.D.
Citrus-Pasco-Sumter	R. N. Nelson, M.D.
Columbia-Hamilton-Gilchrist	Joseph C. Weeks, M.D.
Dade	T. E. Cato, M.D., M.P.H.
Dixie-Suwannee-Lafayette	E. H. John, M.D.
Duval	Thomas E. Morgan, M.D., M.P.H.
Escambia-Santa Rosa	John C. McSween, M.D.
Flagler-Putnam	Josèph L. Brizard, M.D.
Franklin-Gulf-Wakulla	Terry Bird, M.D., M.P.H.
Glades-Highlands-Hendry	G. L. Beaumont, M.D.
Hillsborough	Frank V. Chappell, M.D., M.P.H.
Holmes-Okaloosa-Walton	Walter T. Colbert, M.D.
Indian River-Martin-Okeechobee-St. Lucie	J. Ross Hague, M.D.
Jackson-Washington	Robert G. Head, M.D.
Jefferson	G. A. Dickinson, M.D.
Lake	James B. Hall, M.D., M.P.H.
Leon	Joseph M. Bistowish, M.D., M.P.H.
Levy	Laurier E. Hackett, M.D.
Madison-Taylor	James L. Wardlaw, M.D.
Manatee-Sarasota	William L. Wright, M.D.
Marion	Luther A. Brendle, M.D.
Monroe	William J. Peeples, M.D.
Orange	Leland H. Dame, M.D.
Palm Beach	Clarence R. Rogero, Jr., M.D. (Acting)
Pinellas	T. Paul Haney, M.D., M.P.H., Dr. P.H.
Polk	Edwin G. Riley, M.D., Ph.D.
Seminole	Frank L. Quillman, M.D.
Volusia	R. D. Higgins, M.D., M.P.H.

The State Board of Health

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Give a Guess When This Was Written!

We do not suppose that the time will ever come, let our sanitary regulations be ever so well matured, when no human being will die of any other cause than old age — the wearing out of the human machine. But what we anticipate is, a gradual sanitary improvement, a gradual removal and avoidance of the causes of disease, a gradual diminution of human suffering, and a gradual reduction of the number of premature and unnecessary deaths. And there can be no objection to aiming at abstract perfection, and to continuing our efforts at reformation until it is attained. ***(See page 224 for answer).***

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